
SCAMDEMIC
Speaking Truth To Power Since 2005 • A Free Jeff Prager Publication • February 2021
FRAUD
AT THE HIGHEST LEVEL OF GOVERNMENT



SCAMDEMIC

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• A Free Jeff Prager Publication • No ©February 2021 •

GLOBAL FRAUD

AT THE

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US ARMY ACTIVITY IN THE U.S. BIOLOGICAL WARFARE PROGRAMS

VOLUME I

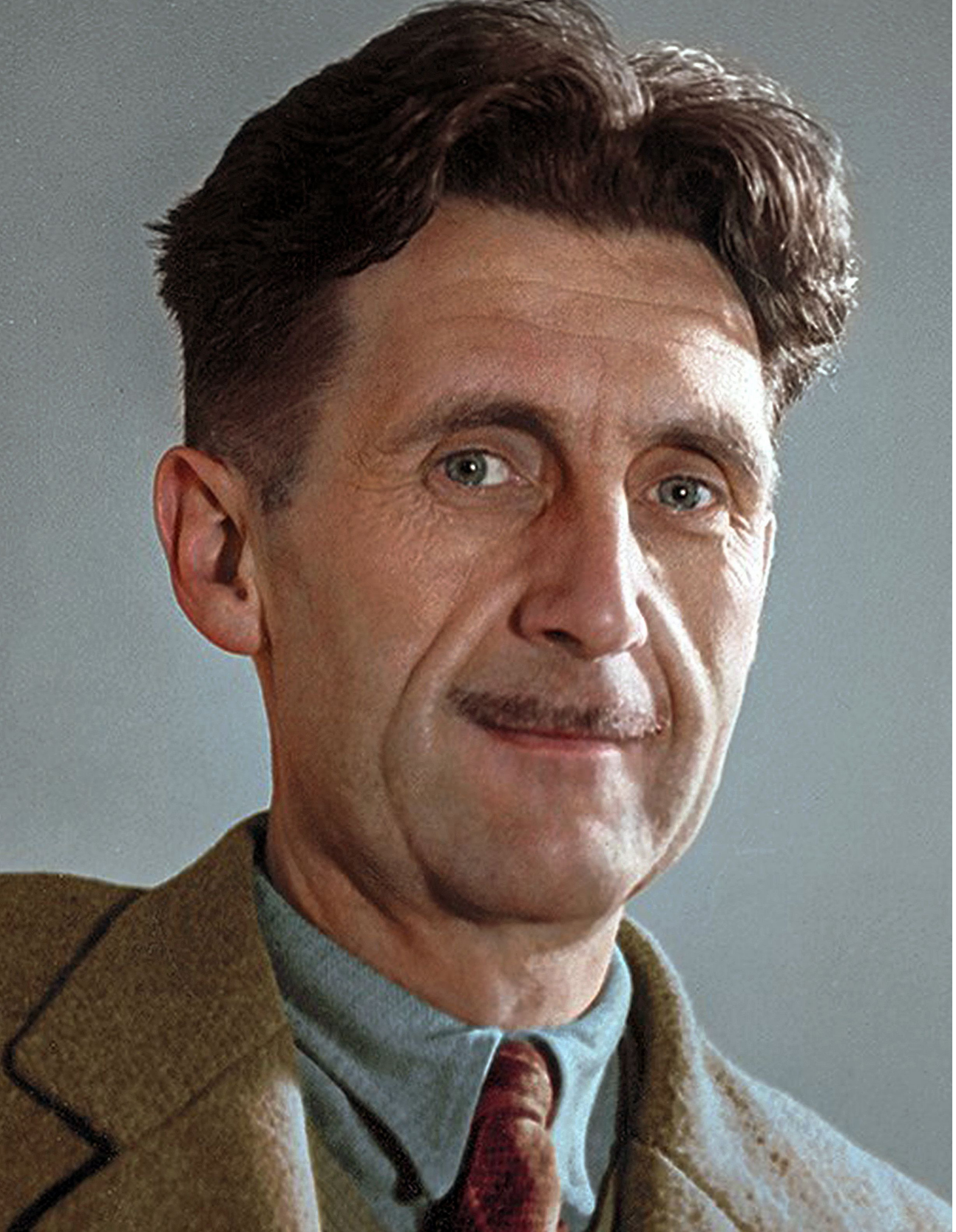
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“In A Time Of Deceit Telling The Truth Is A Revolutionary Act”

by Jeff Prager

Eric Arthur Blair, pictured at left, known by his pen name George Orwell, was an English novelist, essayist, journalist and critic. His work is characterised by lucid prose, biting social criticism, opposition to totalitarianism, and outspoken support of democratic socialism. He and I are much alike and have similar values, equally crushing criticisms and expectations of happiness that are sometimes quelled by the frustrations of a diabolical reality. Blair was born on June 25th, 1903, in Motihari, India and he died on January 21st, 1950, at the University College Hospital in the United Kingdom. He was educated at Eton College (1917–1921), Wellington College (1917–1917) and St. Cyprian’s School (1911–1917). George Orwell is known worldwide for the title above and for the following critical quotes:

War is peace. Freedom is slavery. Ignorance is strength.

All animals are equal, but some animals are more equal than others.

Big Brother is watching you.

Who controls the past controls the future.
Who controls the present controls the past.

Power is in tearing human minds to pieces
and putting them together again in new shapes of your own choosing.

We know that no one ever seizes power with the intention of relinquishing it.

If you can feel that staying human is worthwhile,
even when it can’t have any result whatever, you’ve beaten them.

Man is the only creature that consumes without producing.

A people that elect corrupt politicians, imposters, thieves
and traitors are not victims, but accomplices.



In the year 1974 Dr. Henry Kissinger, at left, was put in charge of the drafting of the "*National Strategic Security Memorandum 200 (NSSM 200)"* which identified depopulation as *"the highest priority in US foreign policy towards the Third World".*

ID2020 & Partners
Launch Program To Provide Digital ID With Vaccines

January 26th, 2021

The ID2020 Alliance has launched a new digital identity program at its annual summit in New York, in collaboration with the Government of Bangladesh, vaccine alliance Gavi, and new partners in government, academia, and humanitarian relief.

The program to leverage immunization as an opportunity to establish digital identity was unveiled by ID2020 in partnership with the Bangladesh Government's Access to Information (a2i) Program, the Directorate General of Health Services, and Gavi, according to the announcement. Digital identity is a computerized record of who a person is, stored in a registry. It is used, in this case, to keep track of who has received vaccination.

"*We are implementing a forward-looking approach to digital identity that gives individuals control over their own personal information, while still building off existing systems and programs*," says Anir Chowdhury, policy advisor at a2i. "*The Government of Bangladesh recognizes that the design of digital identity systems carries far-reaching implications for individuals' access to services and livelihoods, and we are eager to pioneer this approach.*"

Gavi CEO Seth Berkley says that 89 percent of children and adolescents who do not have identification live in countries where the organization is active. "*We are enthusiastic about the potential impact of this program not just in Bangladesh, but as something we can replicate across Gavi-eligible countries, providing a viable route to closing the identity gap*," he says.

A partnership was also formed earlier this year between Gavi, NEC, and Simprints to use biometrics to improve vaccine coverage in developing nations.

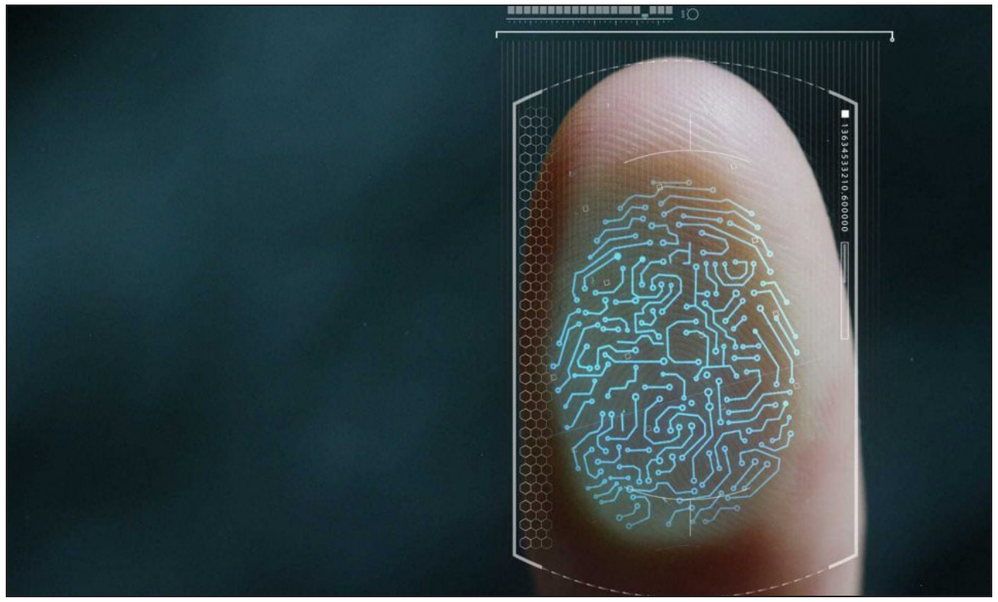
"*Digital ID is being defined and implemented today, and we recognize the importance of swift action to close the identity gap*," comments ID2020 Executive Director Dakota Gruener. "*Now is the time for bold commitments to ensure that we respond both quickly and responsibly. We and our ID2020 Alliance partners, both present and future, are committed to rising to this challenge.*"

ID2020 also announced new partnerships and provided progress reports on initiatives launched last year. Since last year's summit, the ID2020 Alliance has been joined by the City of Austin, UC Berkeley's CITRIS Policy Lab and Care USA.

The City of Austin, ID2020, and several other partners are working together with homeless people and the service providers who engage with them to develop a blockchain-enabled digital identity platform called MyPass to empower homeless people with their own identity data.

A pair of inaugural pilot programs launched last year in partnership with iRespond and Everest have each made progress, ID2020 says. The iRespond program has improved continuity of care for more than 3,000 refugees receiving treatment for chronic conditions from the International Rescue Committee in Thailand, according to the announcement, while Everest has assisted with the provision of access to critical energy subsidies and a range of additional services with secure and user-centric digital identities without relying on a smartphone.

This post was updated at 4:58pm on March 26, 2020 to clarify that the program is intended to allow people to receive vaccination and prove they have received it, not to track individuals, as claimed by some conspiracy theorists [Reading futher confirms ID2020 is no conspiracy].



ID2020 Alliance

In 2018, ID2020 Alliance Partners, working in partnership with the United Nations High Commissioner for Refugees (UNHCR), drafted a formal articulation of our perspective on ethical approaches to digital identity. The landmark ID2020 Alliance Manifesto below lays out these shared principles and forms a starting point to guide the future of digital identity globally.

The Alliance Manifesto

1. The ability to prove one's identity is a fundamental and universal human right.

2. We live in a digital era. Individuals need a trusted, verifiable way to prove who they are, both in the physical world and online.

3. Over 1 billion people worldwide are unable to prove their identity through any recognized means. As such, they are without the protection of law, and are unable to access basic services, participate as a citizen or voter, or transact in the modern economy. Most of those affected are children and adolescents, and many are refugees, forcibly displaced, or stateless persons.

4. For some, including refugees, the stateless, and other marginalized groups, reliance on national identification systems isn't possible. This may be due to exclusion, inaccessibility, or risk, or because the credentials they do hold are not broadly recognized. While we support efforts to expand access to national identity programs, we believe it is imperative to complement such efforts by providing an alternative to individuals lacking safe and reliable access to state-based systems.

5. We believe that individuals must have control over their own digital identities, including how personal data is collected, used, and shared. Everyone should be able to assert their identity across institutional and national borders, and across time. Privacy, portability, and persistence are necessary for digital identity to meaningfully empower and protect individuals.

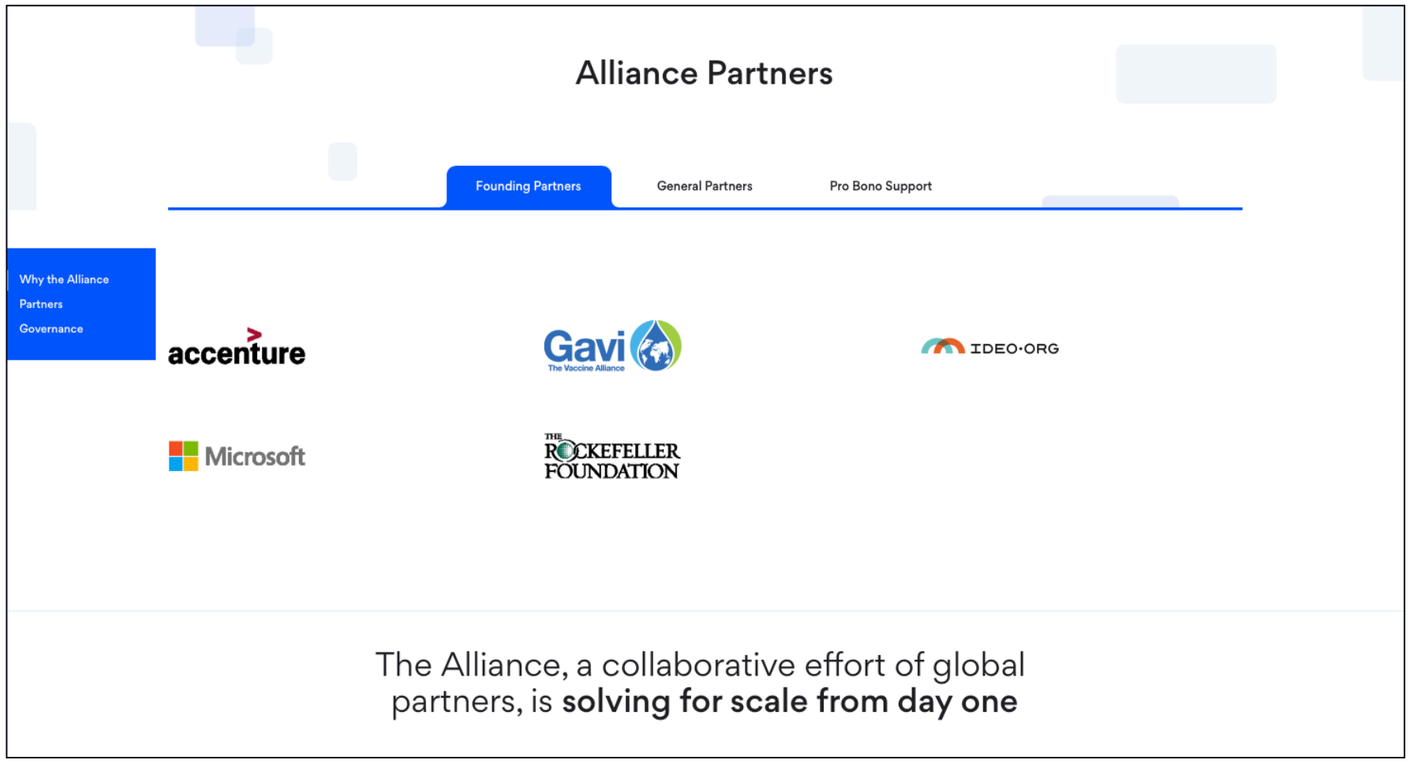
6. Digital identity carries significant risk if not thoughtfully designed and carefully implemented. We do not underestimate the risks of data misuse and abuse, particularly when digital identity systems are designed as large, centralized databases.

7. Technical design can mitigate some of the risks of digital identity. Emerging technology — for example, cryptographically secure, decentralized systems — could provide greater privacy protection for users, while also allowing for portability and verifiability. But widespread agreement on principles, technical design patterns, and interoperability standards is needed for decentralized digital identities to be trusted and recognized.

8. This "better" model of digital identity will not emerge spontaneously. In order for digital identities to be broadly trusted and recognized, we need sustained and transparent collaboration aligned around these shared principles, along with supporting regulatory and policy frameworks.

9. ID2020 Alliance partners jointly define functional requirements, influencing the course of technical innovation and providing a route to technical interoperability, and therefore trust and recognition.

10. The ID2020 Alliance recognizes that taking these ideas to scale requires a robust evidence base, which will inform advocacy and policy. As such, ID2020 Alliance-supported pilots are designed around a common monitoring and evaluation framework.



PREFACE

I spent 14 years investigating 9/11 before meeting 4 physicists who all agreed on the primary mode of destruction for the Twin Towers and Building Seven. 9/11 was undoubtedly a nuclear event. Three nuclear devices, not bombs, were detonated well below the Twin Towers and Building 7 leaving virtually no radioactive contamination above ground. In the book we published, "The Ground Zero Model, 9/11's Nuclear Fingerprint" we provide the indisputable proof of the electromagnetic nuclear fingerprint left behind by the perpetrators using numerous video and audio clips. The demolition being nuclear is undeniable yet it required almost a full-time effort across the span of more than a decade to reach final, reliably accurate conclusions agreed upon by 4 physicists without any real prior connections to begin with.

Today things seem to unfold more rapidly, data is more readily available and with search experience anything can be found. I don't expect this to last long as you'll soon see. Big Tech is moving quickly to reduce the amount and nature of available data.

The challenge came when I realized I had to publish a book about not just COVID, but about decades of government propaganda, decades of the military, industrial, banking, pharmaceutical, energy, tech, congressional complex legally using HUD and other government and/or public





Masking Children Is A Violation Of Human Rights
And Can Cause PTSD And Childhood Trauma Which May Take Years To Mitigate

The peer review is clear. At the ages of 3-5 children require seeing full facial expressions to both understand language and learn to speak properly. Masking delays language learning and the ability to communicate properly.

organizations to skim trillions of dollars of public money which was then devoted to black projects and black project research by government and private organizations alike. They passed laws to allow this to occur legally. How do I include this important data, the peer review on the falied PCR test, highly inflated death rates by as much as 200%, 300% and more, and the lowest influenza rate since the CDC started keeping records, knowing much of the COVID-positives are simply influenza? And Paraninfluenza 1, 2, 3 and 4, or Adenovirus, or Respiratory Syncytial virus, or what we call the common cold with flu-like symptoms and a positive PCR can even be from one of the other 4 Corona viruses. One you had 8 years ago. How do I explain in a coherent style that all vaccines are contaminated. Older vaccines with Bovine Diarrheal virus, Pestivirus and Enterovirus. The newer vaccines are contaminated with sub-micron, micron and nano-sized particles of inorganic, non-biodegradable material. We know absolutely nothing about the effects in the human body when injecting these unknown contaminants and being inorganic, non-biodegradable they are likely heavy and light metals, petroleum based plastics or chemicals. Regardless of what they're composed of these nano-sized contaminants are made of materials the effects of which in the human body are completelty unknown to both the medical and research communities.

It doesn't matter, and we nay never know whether COVID was purposely designed and released or if it evolved in nature naturally. What's important is that not COVID, but the "idea" of COVID has been weaponized against the entire population of the world. With overwhelming protest in many developing countries, western countries seem oblivious to the "new" and severely altered 'normal' they will soon face. Of course any protest is met with tyrannical violence perpetrated by the authorities, employed by those with power, influence and wealth. Doctors are being threatened, sued and silenced, their names shamed and their careers shattered. The economic devastation will be long-lasting and much will be permanent. The radical social, economic and political changes we face are going to be daunting.

Imagine drones and cameras everywhere, pre-crime measures and bio-enhancement for a cashless society. With nano-implants you can carry your wallet, keys, passwords, health records and anything else just under your skin. Connecting humans to computer chips is inevitable and we already do it every day with various advanced controllable protheses. One can "think" and thus control a robotic hand, leg or arm. What about chips implanted directly in your brain? We already have them and they're already being tested. Will bio-prints, fingerprints and palm prints alike, that carry your financial data, health records and passwords create an underground market in severed hands?

This eBook is therefore necessarily mostly a collection of stories by other people far more knowledeable than I am, including peer review, CDC data, World Economic Forum, World Health Organization and John's Hopkins reports and much, much more. This is a convoluted, complex, secreted, buried and seriously distressing story but it has to be told and the authors herein tell it well. I have to publish the truth in the face of a shit-storm of lies, as frightening and as maddening as the truth may be.

~ Jeff Prager



This diagram is gifted OPEN ACCESS (free to use and distribute without permission) to those students, professors and admin who want to understand the academic corruption within "accredited diploma mills" and their resultant trail of ruined careers, societal cynicism, cheated and indebted students, and betrayed customers (eg, patients in healthcare scenarios). Some colleges and universities demonstrate the full gamut of the characteristics represented, while others may have only a few components. An important concept to grasp from this illustration is that complex corruption occurs as an interconnected web, with many facets and participants; corruption is never an isolated event, especially when persistent. Furthermore, some aspects of academic corruption such as nepotism are simply the tip of the proverbial iceberg and are used to cover larger crimes such as theft. Administrators who don't like this diagram probably have a lot to hide, or they are the victims of this corrupt system.
Infographic created by Dr Alex Vasquez. Updates will be posted to https://ichnfm.academia.edu/AlexVasquez

What's Happening With COVID-19?

By Jeff Prager

On June 30th, 2020, World Economic Forum founder and executive chairman, Klaus Schwab, presented the globalists and oligarchs with his vision for the future:

"***The world must act jointly and swiftly to revamp all aspects of our societies and economies, from education to social contracts and working conditions… Every country, from the United States to China, must participate, and every industry, from oil and gas to tech, must be transformed. In short, we need a 'Great Reset' of capitalism.***"

In "The Covid Set-Up Is Now Fully in Play as CDC Outlines Plan for Death," Gary D. Barnett wrote on July 16th, 2020:

"***…This is the most dangerous time in the history of man. The seriousness of this plot cannot be underestimated. It is not due to any threat of conventional war or nuclear decimation, it is based on the fact that this is a psychological war waged by psychopaths against all mankind, and it is being advanced by a small group of monsters that have taken control of the minds of the masses through long-term indoctrination and policies meant to breed dependency.***"

And,

"***Fear is the new weapon of mass destruction, not because it is legitimate, but because the people have lost all will to be free, have lost all ability to think, and seek shelter and comfort as a collective herd only capable of existence in a society that is based on totalitarian rule.***"

And finally,

"***Longing for freedom without the courage to claim it, is a meaningless endeavor, as any real demand by the masses would leave the governing elite naked and afraid. All that is necessary to achieve liberty is to want it, and this alone can defeat tyranny.***"

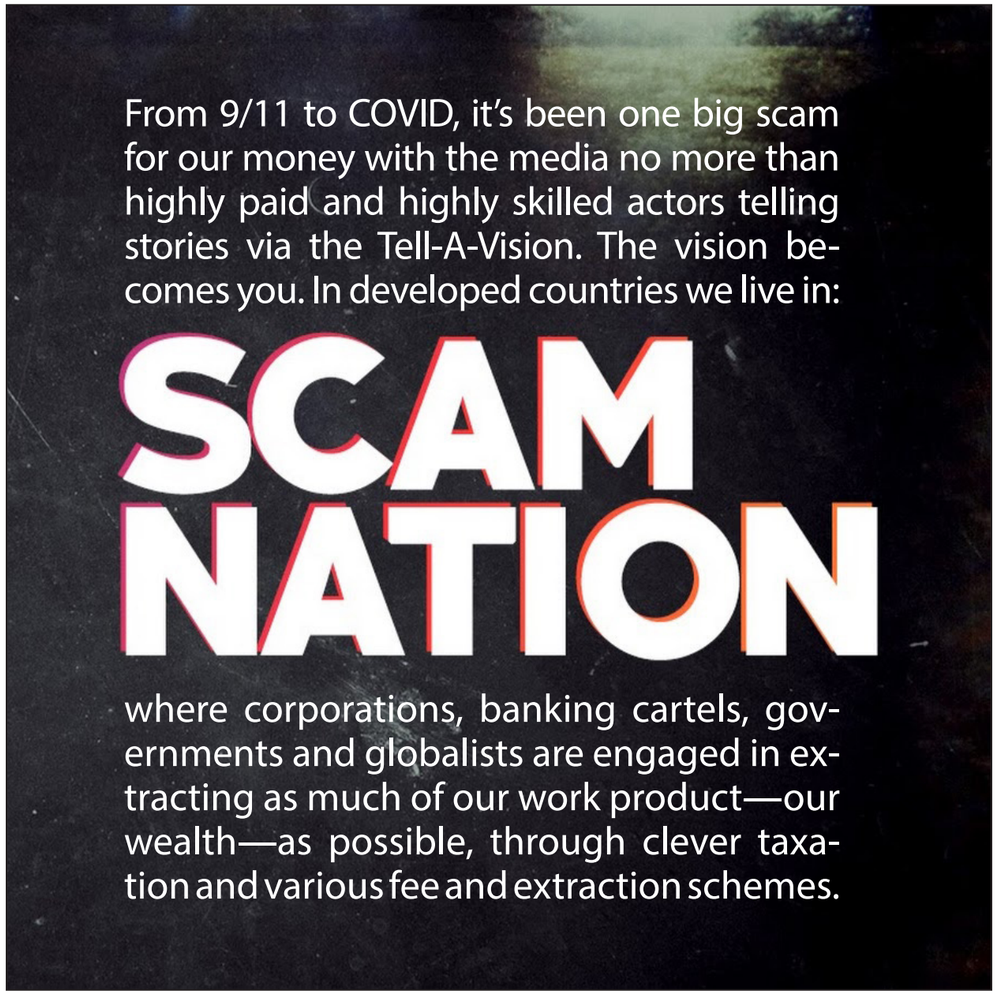
Gary Barnett then also quotes from "The Politics of Obedience" by Étienne de la Boétie:

"***He who thus domineers over you has only two eyes, only two hands, only one body, no more than is possessed by the least man among the infinite numbers dwelling in your cities; he has indeed nothing more than the power that you confer upon him to destroy you.***"

The crimes being readied by the Biden Administration are going to cause severe economic depression. Already over 110,000 restaurants are permanently out of business, [January 1, 2021, ABC News Online] 20 million face foreclosure and/or eviction and 20 million more may never have a job to go back to [WEF Report, 2021].

COVID-19, a real disease, has been weaponized by the globalists. Weaponized through inflated death figures and absolute fear. We are being terrorized. Psychologically, subtley and surreptitiously attacked. The mainstream media, like a working clock, repeats the cases and deaths and resulting trauma every hour on the hour. One can't find a media television station that's not reporting about COVID and the "dark winter" ahead.

Yet the winter can only be darkened by relentless propaganda, our firm belief in that propaganda, the lies that it's composed of and our own acquiesence to those terrorizing falsehoods.



INTRODUCTION

The 2020 Worldwide Corona Crisis: Destroying Civil Society, Engineered Economic Depression, Global Coup d'État and the "Great Reset"

By Prof. Michel Chossudovsky
January 24th, 2021

In the course of the last twelve months starting in early January 2020, I have analyzed almost on a daily basis the timeline and evolution of the Covid crisis. From the very outset in January 2020, people were led to believe and accept the existence of a rapidly progressing and dangerous epidemic.

The following introduction provides factual information as well as analysis on the following topics: What Is Covid-19, what is SARS-CoV-2, how Is it identified, how is it estimated? The timeline and historical evolution of the Corona Crisis, the devastating economic and financial impacts, the enrichment of a social minority of billionaires and how the lockdown policies trigger unemployment and mass poverty Worldwide. The narrative also includes analysis of curative and preventive drugs as well as a review of Big Pharma's Covid-19 vaccine initiative.

Analyzed are issues pertaining to the derogation of fundamental human rights, censorship of medical doctors, freedom of expression and the protest movement. And finally I focus on the unfolding global debt crisis, the destabilization of national governments, the threats to democracy including "global governance" and the World Economic Forum's "Great Reset" proposal.

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Highlights

We are at the crossroads of one of the most serious crises in World history. We are living history, yet our understanding of the sequence of events since January 2020 has been blurred. Worldwide, people have been misled both by their governments and the media as to the causes and devastating consequences of the Covid-19 "pandemic". The unspoken truth is that the novel coronavirus provides a pretext and a justification to powerful financial interests and corrupt politicians to precipitate the entire World into a spiral of mass unemployment, bankruptcy, extreme poverty and despair. More than 7 billion people Worldwide are directly or indirectly affected by the corona crisis. The COVID-19 public health "emergency" under WHO auspices was presented to public opinion as a means ("solution") to containing the "killer virus".

If the public had been informed and reassured that Covid is (according to the WHO definition) "Similar to Seasonal Influenza", the fear campaign would have fallen flat. The lockdown and closure of the national economy would have been rejected outright.

The first stage of this crisis (outside China) was launched by the WHO on January 30th, 2020, at a time when there were 5 cases in the US, 3 in Canada, 4 in France, 4 in Germany.

Region of the Americas	United States of America	5
	Canada	3
European Region	France	4
	Germany	4

Do these numbers justify the declaration of a Worldwide public health emergency? The fear campaign was sustained by political statements and media disinformation. People are frightened. They are encouraged to do the PCR test, which is flawed. A positive PCR test does not mean that you are infected and/or that you can transmit the virus. The RT-PCR Test is known to produce a high percentage of false positives. Moreover, it does not identify the virus. From the outset in January 2020, there was no "scientific basis" to justify the launching of a Worldwide public health emergency. In February, the covid crisis was accompanied by a major crash of financial markets. There is evidence of financial fraud. And on March 11th, 2020, the WHO officially declared a Worldwide pandemic at a time when there were 44,279 cases and 1,440 deaths outside China out of a population of 6.4 billion (Estimates of confirmed cases based on the worthless PCR test). Immediately following the March 11th, 2020, WHO announcement, confinement and lockdown instructions were transmitted to 193 member states of the United Nations.

Unprecedented in history, applied almost simultaneously in almost every country on earth, entire sectors of the World economy have been destabilized. Small and medium sized enterprises have been driven into bankruptcy. Unemployment and poverty are rampant. The social impacts of these measures are not only devastating, they are ongoing under what is described as "A Second Wave". There is no evidence of a "Second Wave". Amply documented, the PCR estimates are seriously flawed.

The health impacts (mortality, morbidity) resulting from the closing down of national economies far surpass those attributed to Covid-19. Famines have erupted in at least 25 developing countries according to UN sources. The mental health of millions of people Worldwide has been affected as a result of the lockdown, social distancing, job losses, bankruptcies, mass poverty and despair. The frequency of suicides and drug addiction has increased Worldwide. "V the Virus" is said to be responsible for the wave of bankruptcies and unemployment. That's a lie. There is no causal relationship between the virus and economic variables.

It's the powerful financiers and billionaires who are behind this project which has contributed to the destabilization (Worldwide) of every real economy. Since early February 2020, the Super Rich have cashed in on billions of dollars. Amply documented, it's the largest redistribution of global wealth in world history, accompanied by a process of worldwide impoverishment.

"V - The Virus"

The fear campaign has served as an instrument of disinformation. Media lies sustained the image of a killer virus which initially contributed to destabilizing US-China trade and disrupting air travel. And then in February "V- the Virus" (which incidentally is similar to seasonal influenza) was held responsible for triggering the most serious financial crisis in world history.

On March 11th, 2020, a lockdown was imposed on 193 member states by the United Nations, leading to the "closure" of national economies worldwide. Starting in October, 2020, a "second wave" was planned and then announced. "The pandemic is not over". The fear campaign prevails. And people were then led to believe that the corona vaccine sponsored by their governments is the "solution". And that "normality" will be restored once the entire population of the planet has been vaccinated.

Mutations

No one expected or even discussed mutations. We're all familiar with viral mutations. Influenza, Parainfluenza 1, 2, 3 and 4, Respiratory Syncytial virus, Adenovirus and others mutate all the time, right. Not really, but COVID seems to mutate frequently making the new Brazillian and African strains effectively more difficult for the vaccines to restrain. Mutations that don't seem normal in the world of known viruses.

The SARS-CoV-2 Vaccine

How is it that a vaccine for the SARS-CoV-2 virus, which under normal conditions would take years to develop, was promptly launched in early November 2020? The mRNA vaccine announced by Pfizer is based on an experimental gene editing mRNA technology which has a bearing on the human genome. Were the standard animal lab tests using mice or ferrets conducted? Or did Pfizer "*go straight to human 'guinea pigs'.*"? Human tests began in late July and early August.

"*Three months is unheard of for testing a new vaccine. Several years is the norm.*" And why do we need a vaccine for Covid-19 when both the WHO and the US Center for Disease Control and Prevention (CDC) have confirmed unequivocally that Covid-19 is "**similar to seasonal influenza**," their words quoted precisely!

The plan to develop a vaccine is profit driven. It is supported by corrupt governments serving the interests of Big Pharma, Big Tech, Big Finance and the MIC. The US government had already ordered 100 million doses back in July and the EU is to purchase 300 million doses. It's Big Money for Big Pharma, generous payoffs to corrupt politicians, at the expense of tax payers.

Here, we define the SARS-CoV-2 virus and the controversial RT-PCR test which is being used to "identify the virus" and we also establish the "estimates" of the so-called "positive cases". We examine in detail the timeline of events since October 2019 leading up to the historic March 11, 2020 lockdown. We assess the broad economic and social consequences of this crisis including the process of Worldwide impoverishment and redistribution of wealth in favour of the Super Rich billionaires. Big Pharma's vaccination program which is slated to be imposed on millions of people Worldwide is reviewed and we conclude with an analysis of the World Economic Forum's proposed "Great Reset" which if adopted would consist in scrapping the Welfare State and imposing massive austerity measures on an impoverished population. There is a sense of urgency. People Worldwide are being lied to by their governments. A word on the methodology: our objective is to refute the "Big Lie" through careful analysis consisting of:

- A historical overview of the Covid crisis, with precise data.
- Quotations from official documents and peer reviewed reports.
- Numerous sources and references are included.
- Scientific analysis and detailed review of "official" data, estimates and definitions,
- Analysis of the impacts of WHO "guidelines" and government policies on: economic, social and public health variables.

Our objective is to inform people Worldwide and refute the official narrative which has been used as a pretext and justification to destabilize the economic and social fabric of entire countries. This crisis affects humanity in its entirety: 7.8 billion people. We stand in solidarity with our fellow human beings Worldwide. Truth is a powerful instrument.

Destroying Civil Society: The Fear Campaign

"It is time for everyone to come out of this negative trance, this collective hysteria, because famine, poverty, mass unemployment will kill and destroy the lives of many more people than SARS-CoV-2! "

~ Dr. Pascal Sacré

"*I'm seeing patients that have facial rashes, fungal infections, bacterial infections. … In February and March we were told not to wear masks. What changed? The science didn't change. The politics did. This is about compliance. It's not about science…*"

~ Dr. James Meehan

"*Once the Lie Becomes the Truth, there is No Moving Backwards. Insanity prevails. The world is turned upside down.*"

~ Michel Chossudovsky

"*We're Being Locked-down for an Infection Fatality Rate of Less than 0.2%*"

~ Dr. Richard Schabas

We are at the crossroads of one of the most serious crises in World history. We are living history, yet our understanding of the sequence of events since January 2020 has been blurred. Worldwide, people have been misled both by their governments and the media as to the causes and devastating consequences of the Covid-19 "pandemic.

The unspoken truth is that the novel coronavirus provides a pretext and a justification to powerful financial interests and corrupt politicians to precipitate the entire World into a spiral of mass unemployment, bankruptcy, extreme poverty and despair. This is the true picture of what is happening. It is the purposeful result of a complex decision-making process.

"Planet Lockdown" is an encroachment
on civil liberties and the "Right to Life".

Entire national economies are in jeopardy. In some countries martial law has been declared. Small and medium sized capital are slated to be eliminated. Big capital prevails. A massive concentration of corporate wealth is ongoing. Its a diabolical "New World Order" in the making. Red Zones, the facemask, social distancing, the closing down of schools, colleges and universities, no more family gatherings, no birthday celebrations, music, the arts: no more cultural events, sport events are suspended, no more weddings, "love and life" is banned outright. And in several countries, family Christmas and New Year reunions were illegal.

Closing down the Global Economy is presented to us as a means to combating "V-The Virus". That's what they want us to believe. If the public had been informed that Covid-19 is "*similar to seasonal Influenza*", the fear campaign would have fallen flat…

The Pandemic was officially launched by the WHO on March 11th, 2020 leading to the Lockdown and closure of the national economies of 190 (out of 193) countries, member states of the United Nations. The instructions came from above, from Wall Street, the World Economic Forum (WEF), the billionaire foundations, Bill Gates and Big Pharma.

The March 11th, 2020, pandemic was preceded by a WHO Public Health Emergency of International Concern (PHEIC) on January 30th, 2020, which was followed in February by the destabilization of financial markets. On January 30th there were 83 cases outside China out of a total population of 6.4 billion. In the days preceding the February Financial Crash there were 453 cases outside China.

This diabolical project based on scanty and flawed estimates is casually described by the corporate media as a "humanitarian" endeavor. The "international community" has a "Responsibility to Protect" (R2P). In the words of Diana Johnstone, it's "The Global Pretext". An unelected "public-private partnership" under the auspices of the World Economic Forum (WEF), has come to the rescue of Planet Earth's 7.8 billion people. The closure of the global economy is presented as a means to "killing the virus".

Sounds Absurd

Closing down the real economy of Planet Earth is not the "solution" but rather the "cause" of a diabolical process of Worldwide destabilization and impoverishment. The national economy combined with political, social and cultural institutions is the basis for the "reproduction of real life": income, employment, production, trade, infrastructure, social services.

Destabilizing the economy of Planet Earth cannot constitute a "solution" to combating the virus. But that is the imposed "solution" which they want us to believe in. And that is what they are doing. It's the destruction of people's lives. It is the destabilization of our global civil society.

The Lies are sustained by a massive media disinformation campaign. 24/7, Incessant and Repetitive "Covid alerts" for the last eleven months. … It is a process of social engineering. What they want is to hike up the numbers so as to justify the Lockdown. And now there is a so-called "Second Wave" and several mutations. Millions of covid-Positive Tests, with untold false-positives, are now being tabulated. Covid-19 is portrayed as the "killer Virus".

Destroying Civil Society

People are frightened and puzzled. "Why would they do this?" Empty schools, Empty airports, bankrupt grocery stores. In France "*Churches are threatened with Kalashnikovs over Covid-19 outbreak*" (April 2020). The entire urban services economy is in crisis. Shops, bars and restaurants are driven into bankruptcy. International travel and holidays are suspended. Streets are empty. In several countries, bars and restaurants are required to take names and contact information to support effective contact tracing if necessary.

Cultural Lockdown

At the same time, starting in March 2020, the Worldwide closure of national economies was accompanied by a Cultural Lockdown affecting music and artistic events. Empty museums, no more operas, no more symphonies, concert halls are closed down Worldwide. So-called digital stay home platforms were put forth. In the US, museums announced closure on March 12th, starting with the New York Metropolitan Museum of Art. In France, the Louvre, Versailles and the Eiffel Tower were closed down on March 13th.



In Belgium, an anesthesiologist was fired after questioning government virus measures. In France, some doctors are facing similar pressure and have denounced the suppression of speech.

Free Speech is Suppressed

The lockdown narrative is supported by media disinformation, online censorship, social engineering and the fear campaign. Medical doctors who question the official narrative are threatened. They loose their jobs. Their careers are destroyed. Those who oppose the government lockdown are categorized as "anti-social psychopaths": Peer reviewed psychological "studies" are currently being carried out in several countries using sample surveys. Accept the "Big Lie" and you are tagged as a "good person" with "empathy" who understands the feelings of others.

"[E]xpress reservations regarding … social distancing and the wearing of the face mask, and you will be tagged (according to "scientific opinion") as a "callous and deceitful psychopath".

In colleges and universities, the teaching staff is pressured to conform and endorse the official covid narrative. Questioning the legitimacy of the lockdown in online "classrooms" could lead to dismissal, affect your grades and or isolate and silence you as a student. Several medical doctors who oppose the COVID consensus or the vaccine have been arrested. In December, "*Jean-Bernard Fourtillan, a retired university professor known for his opposition to the COVID-19 vaccine was arrested by law enforcement officers under military command, and forcibly placed in solitary confinement at the psychiatric hospital of Uzès.*" Fourtillan is known as a "*longtime critic of vaccines that use dangerous adjuvants*".

Google and Twitter Marketing the Big Lie

The opinions of prominent scientists who question the lockdown, the face-mask or social distancing are "taken down" by Google:

"*YouTube doesn't allow content that spreads medical misinformation that contradicts the World Health Organization (WHO) or local health authorities' medical information about COVID-19, including on methods to prevent, treat or diagnose COVID-19, and means of transmission of COVID-19.*"

They call it "fact checking", without acknowledging that both the WHO and local health authorities contradict their own data and concepts. Similarly, Twitter has confirmed that "*it will remove all posts that suggest there are 'adverse impacts or effects of receiving vaccinations*" … Twitter will: "*memory-hole any posts that invoke a deliberate conspiracy*" or "*advance harmful, false, or misleading narratives' about vaccines.*"

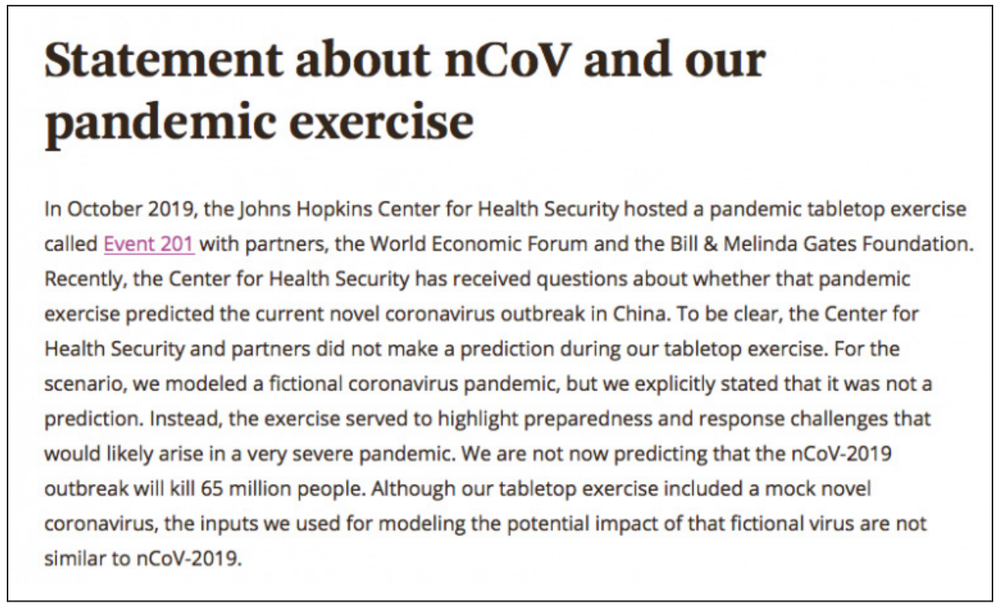
March 11, 2020: Engineered Economic Depression The Global Coup d'Etat

Destabilizing in one fell swoop the national economies of more than 190 countries is an act of "economic warfare". This diabolical agenda undermines the sovereignty of nation states. It impoverishes people Worldwide. It leads to a spiralling dollar denominated global debt. The powerful structures of global capitalism, Big Money coupled with its intelligence and military apparatus are the driving force. Using advanced digital and communications technologies, the Lockdown and Economic Closure of the global economy is unprecedented in World history. This simultaneous intervention in 190+ countries derogates democracy. It undermines the sovereignty of nation states Worldwide, without the need for military intervention. It is an advanced system of economic warfare which overshadows other forms of warfare including conventional (Iraq-style) theater wars.

"Global Governance" Scenarios
World Government in the Post-Covid Era?

The "**March 11th, 2020 Lockdown Project**" uses lies and deception to ultimately impose a Worldwide totalitarian regime, entitled "Global Governance" (by unelected officials, bankers and technocrats who remain nameless and faceless). In the words of David Rockefeller:

> "…*The world is now more sophisticated and prepared to march towards a world government. The supranational sovereignty of an intellectual elite and world bankers is surely preferable to the national auto-determination practiced in past centuries.*"
>
> ~ quoted by Aspen Times, August 15th, 2011



Statement about nCoV and our pandemic exercise

In October 2019, the Johns Hopkins Center for Health Security hosted a pandemic tabletop exercise called Event 201 with partners, the World Economic Forum and the Bill & Melinda Gates Foundation. Recently, the Center for Health Security has received questions about whether that pandemic exercise predicted the current novel coronavirus outbreak in China. To be clear, the Center for Health Security and partners did not make a prediction during our tabletop exercise. For the scenario, we modeled a fictional coronavirus pandemic, but we explicitly stated that it was not a prediction. Instead, the exercise served to highlight preparedness and response challenges that would likely arise in a very severe pandemic. We are not now predicting that the nCoV-2019 outbreak will kill 65 million people. Although our tabletop exercise included a mock novel coronavirus, the inputs we used for modeling the potential impact of that fictional virus are not similar to nCoV-2019.

The Global Governance scenario imposes an agenda of social engineering and economic compliance: It constitutes an extension of the neoliberal policy framework imposed on both developing and developed countries. It consists in scrapping "national auto-determination" and constructing a Worldwide nexus of pro-US proxy regimes controlled by a "supranational sovereignty" (World Government) composed of leading financial institutions, billionaires and their philanthropic foundations. (See Michel Chossudovsky, Global Capitalism, "World Government" and the Corona Crisis, May 1st, 2020).

Simulating Pandemics

The Rockefeller Foundation proposes the use of "scenario planning" as a means to carry out "global governance". In the Rockefeller's 2010 Report entitled "Scenarios for the Future of Technology and International Development Area" scenarios of Global Governance and the actions to be taken in the case of a Worldwide pandemic are contemplated. More specifically, the report envisaged (page 18) the simulation of a Lock Step scenario including a global virulent influenza strain. The Lock Step scenario describes "*a world of tighter top-down government control and more authoritarian leadership, with limited innovation and growing citizen pushback.*"

In "2012" (i.e. two years after the report's publication), [as part of the simulation] an "***extremely virulent and deadly***" strain of influenza originating with wild geese brings the world to its knees, infecting 20 percent of the global population and killing 8 million people in just seven months – "the majority of them healthy young adults." (Helen Buyniski, February 2020). The 2010 Rockefeller report was published in the immediate wake of the 2009 H1N1 swine flu pandemic.

Another important simulation was carried out on October 18th, 2019, less than 3 months ***before SARS-2 was "officially" identified*** in early January 2020. "**Event 201"** was held under the auspices of the Johns Hopkins Center for Health Security, sponsored by the Bill and Melinda Gates Foundation and the World Economic Forum.

Many features of the 201 "simulation exercise" did in fact correspond to what actually happened when the WHO Director General launched a global public health emergency on January 30th, 2020. What must be understood is that the sponsors of the John Hopkins "simulation exercise" are powerful and knowledgeable actors respectively in the areas of "Global Health" (The Gates Foundation) and "Global Economy" (WEF). It is also worth noting that the WHO initially adopted a similar acronym (to designate the coronavirus) to that of the John Hopkins Pandemic Exercise, Event 201(nCoV-2019).

Intelligence and "The Art of Deception"

The Covid crisis is a sophisticated instrument of the power elites.

It has all the features of a carefully planned intelligence operation
using "deception and counter-deception".

Leo Strauss: "*viewed intelligence as a means for policymakers to attain and justify policy goals, not to describe the realities of the world.*" And that is precisely what they are doing in relation to Covid-19. Confirmed by prominent scientists as well as by official public health bodies including the World Health Organization (WHO) and the US Center for Disease Control and Prevention (CDC). Covid-19 is a public health concern but it is ***NOT*** a dangerous virus.

"The Global Pretext"

The COVID-19 crisis is marked by a public health "emergency" under WHO auspices which is being used as a pretext and a justification to trigger a Worldwide process of economic, social and political restructuring. The tendency is towards the imposition of a totalitarian State. Social engineering is being applied. Governments are pressured into extending the lockdown, despite its devastating economic and social consequences. There is no scientific basis for implementing the closing down of the global economy as a means to resolving a public health crisis. Both the media and the governments are involved in spreading disinformation. The fear campaign has no scientific basis. Your governments are LYING. In fact they are lying to themselves.

> **The World Health Organization says those who become infected generally experience mild illness and recover in about two weeks.**

What Is Covid-19, SARS-CoV-2
How Is It Tested? How Is It Measured?

"*Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms. The performance of this test has not been established for monitoring treatment of 2019-nCoV infection.* ***This test cannot rule out diseases caused by other bacterial or viral pathogens.***" [Emphasis mine]

~ The Centers For Disease Control and Prevention

"*…all or a substantial part of these positives could be due to what's called false positives tests.*"

~ Michael Yeadon: former Vice President and Chief Science Officer for Pfizer

Are we dealing with a dangerous virus. Is it a pandemic? The fear campaign is relentlessly spearheaded by political statements and media disinformation. A closer examination of official reports from national health authorities as well as peer reviewed articles provides a totally different picture. SARS-CoV-2 is not a Killer Virus. According to an early report by the WHO pertaining to China's epidemic: The most commonly reported symptoms [of COVID-19] included fever, dry cough, and shortness of breath, and most patients (80%) experienced mild illness. Approximately 14% experienced severe disease and 5% were critically ill. Early reports suggest that illness severity is associated with age (>60 years old) and co-morbid disease (largely basing on WHO's assessment of COVID-19 in China).

CORONAVIRUS

COVID-19 Mortality Rate 'Ten Times Worse' Than Seasonal Flu, Says Dr. Anthony Fauci

Initial hopes that the public health consequences of the new coronavirus would be mild are fading.

RONALD BAILEY | 3.11.2020 6:00 PM



What is Covid-19, SARS-CoV-2?

Lies through omission: the media has failed to reassure the broader public. Below is the official WHO definition of Covid-19:

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19. The most common symptoms of COVID-19 are fever, dry cough, and tiredness. … These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms. Most people (about 80%) recover from the disease without needing hospital treatment. Around 1 out of every 5 people who gets COVID-19 becomes seriously ill and develops difficulty breathing. "COVID-19 is similar to SARS-1":

According to Dr. Wolfgang Wodarg, pneumonia is "regularly caused or accompanied by corona viruses". Immunologists broadly confirm the CDC definition. COVID-19 has similar features to a seasonal influenza coupled with pneumonia.

According to Anthony Fauci (Head of NIAID), H. Clifford Lane and Robert R. Redfield (Head of CDC) in the New England Journal of Medicine …the overall clinical consequences of Covid-19 may ultimately be more akin to those of a severe seasonal influenza (which has a case fatality rate of approximately 0.1%) or a pandemic influenza (similar to those in 1957 and 1968) rather than a disease similar to SARS or MERS, which have had case fatality rates of 9 to 10% and 36%, respectively. Dr. Anthony Fauci is lying to himself. In his public statements he says that Covid is "Ten Times Worse than Seasonal Flu". He refutes his peer reviewed report quoted above. From the outset, Fauci has been instrumental in waging the fear and panic campaign across America: Covid-19 versus Influenza (Flu) Virus A and Virus B (and subtypes) (Bear in mind seasonal influenza is not a coronavirus). Rarely mentioned by the media or by politicians: The CDC (which is an agency of the US government) confirms that Covid-19 is similar to Influenza.

> *"Influenza (Flu) and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses. COVID-19 is caused by infection with a new coronavirus (called SARS-CoV-2) and flu is caused by infection with influenza viruses. Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to help confirm a diagnosis. Flu and COVID-19 share many characteristics, but there are some key differences between the two."*

If the public had been informed and reassured that Covid is "similar to Influenza", the fear campaign would have fallen flat. The lockdown and closure of the national economies of the world would have been rejected outright.

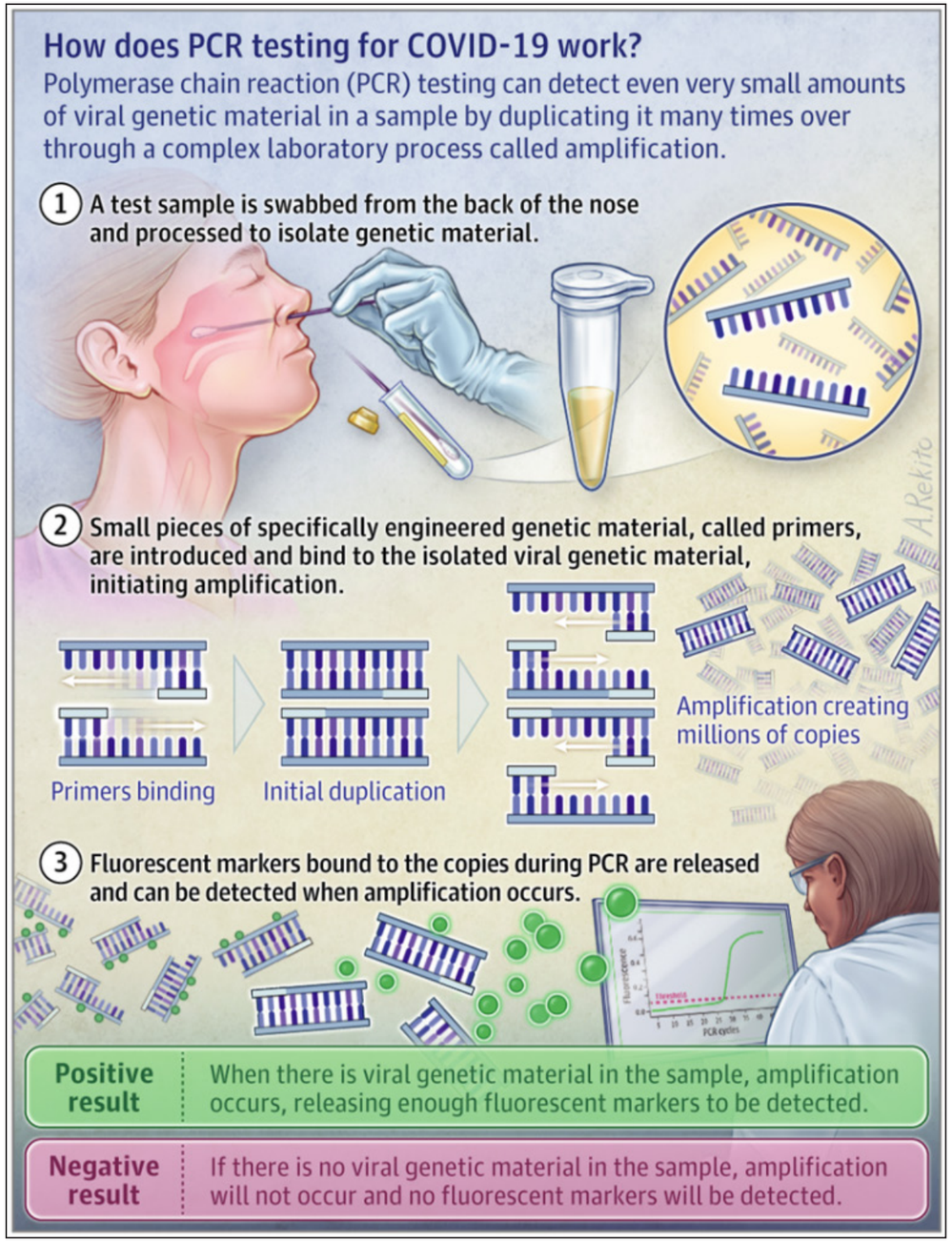
Detecting the Virus
Estimating and Tabulating the Numbers.
The Reverse Transcription Polymerase Chain Reaction Test (RT-PCR)

The standard test used to "detect/identify" SARS-2 around the World is The Reverse Transcription Polymerase Chain Reaction Test (RT-PCR). The RT-PCR test has been used to estimate and tabulate the number of so-called "confirmed" positive Covid-19 cases. (This is not the only test used. Observations below pertain solely to the standard PCR test).

According to Nobel Laureate Dr. Kary Mullis who invented the RT-PCR test. (Dr. Mullis wrote, on May 7th, 2013):

> *"PCR detects a very small segment of the nucleic acid which is part of a virus itself. The specific fragment detected is determined by the somewhat arbitrary choice of DNA primers used which become the ends of the amplified fragment."*

The PCR-RT developed by Dr. Kary Mullis has been applied in an erroneous way with a view to "estimating" SARS-2 positive cases, in most cases without a medical diagnosis of the patient.



(See the observations below on the Drosten RT-PCR Study. As emphasized by Dr. Mullis and confirmed by prominent medical doctors, the PCR test does not "identify the virus").

The concepts developed by the CDC
The Test for Covid-19 "Confirmed Cases"
The official definitions and procedures which are contradictory:

> *"The COVID-19 RT-PCR test is a real-time reverse transcription polymerase chain reaction (rRT-PCR) test for the qualitative detection of nucleic acid from SARS-CoV-2 in upper and lower respiratory specimens … collected from individuals suspected of COVID 19 … [as well as] from individuals without symptoms or other reasons to suspect COVID-19 infection. This test is also for use with individual nasal swab specimens that are self-collected using the Pixel by LabCorp COVID-19 test home collection kit. The COVID-19 RT-PCR test is also for the qualitative detection of nucleic acid from the SARS-CoV-2 in pooled samples, using a matrix pooling strategy"*
>
> ~ FDA, LabCorp Laboratory Test Number: 139900

This test is based on upper and lower respiratory specimens. The criteria and guidelines confirmed by the CDC pertaining to "The CDC 2019-Novel Coronavirus (2019-nCoV) Diagnostic Panel" are as follows (Read carefully):

Results are for the identification of 2019-nCoV RNA. The 2019-nCoV RNA is generally detectable in upper and lower respiratory specimens during infection. Positive results are indicative of active infection with 2019-nCoV ***but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease*.** Laboratories within the United States and its territories are required to report all positive results to the appropriate public health authorities [Emphasis mine].

Negative results do not preclude 2019-nCoV infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information. What this suggests is that a positive infection could be the result of co-infection with other viruses. According to the CDC it *"does not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease*." (CDC). All that is required is the presence of "viral genetic material" for it to be categorized as "positive". The procedure does not identity or isolate Covid-19. What appears in the tests are fragments of the virus.

• A positive test does not mean that you have the virus and/or that you could transmit the virus.

• A negative test does not mean that you do not have it.

• The CDC concepts cited above suggest that the PCR as applied to estimate the spread of the virus is dysfunctional. Moreover, amplification in excess of 25 cycles will inevitably result in misleading estimates, generally false positives. Currently the PCR is cycled as many as 40-45 times, ***always*** leading to a false-positive result.

• What the governments want is to inflate the number of positive cases.

"Presumptive" vs. "Confirmed" Cases

In the US, the CDC data include both "confirmed" and "presumptive" positive cases of COVID-19 reported to CDC or tested under the jurisdiction by CDC since January 21, 2020. The presumptive positive data does not confirm coronavirus infection: Presumptive testing involves "*chemical analysis of a sample that establishes the possibility that a substance is present*". The presumptive test must then be sent for confirmation to an accredited government health lab.

Similarly in Canada, "A point-of-care test" is a "*rapid test done at the time and place of care, such as a hospital or doctor's office*". It consists in collecting "*samples from the nose or throat using swabs*", which are then tested on site, with almost immediate results (in 30 to 60 minutes). But it does not confirm the presence of SARS-CoV-2.

Serological testing or Antibody Tests for COVID-19

According to the CDC, Serological tests do not detect the virus itself, "*they detect the antibodies produced in response to an infection*." Serological tests are not used for "*early diagnosis of COVID-19.*"

"False Positives" and the Identification of the Virus

The PCR Test does not Identify SAR-CoV-2. While SARS-CoV-2 – namely the virus which is said to be the cause of COVID-19 (categorized as a disease), which was isolated in a laboratory test in January 2020. Again, the RT-PCR test does not identify/detect the virus. What it detects are fragments of viri, according to renowned Swiss immunologist Dr B. Stadler. So if we do a PCR corona test on an immune person, it is not a virus that is detected, but a small shattered part of the viral genome. The test comes back positive for as long as there are tiny shattered and often dead parts of the virus left. Even if the infectious viri are long dead and unable to harm anyone, a corona test can come back positive, because the PCR method multiplies even a tiny fraction of the viral genetic material, enough to be detected.

The Question is Positive for What??

The PCR test does not detect the identity of the virus, According to Dr. Pascal Sacré, "*these tests detect viral particles, genetic sequences, not the whole virus*." In an attempt to quantify the viral

load, these sequences are then amplified several times through numerous complex steps that are subject to errors, sterility errors and contamination.

Positive RT-PCR is not synonymous with COVID-19 disease! PCR specialists make it clear that a test must always be compared with the clinical record of the patient being tested, with the patient's state of health to confirm its value [reliability]. The media frightens everyone with new positive PCR tests, without any nuance or context, wrongly assimilating this information with a second wave of COVID-19. While the RT-PCR test was never intended to identify the virus, it nonetheless constitutes from the very outset the cornerstone of the official estimates of Covid-19 "positives". If it is completely unreliable WHY then was it adopted??

The Controversial Drosten RT-PCR Study

F. William Engdahl in a recent article documents how the RT-PCR Test was instated by the WHO at the outset, despite its obvious shortcomings in identifying the 2019-nCoV. The scandal takes its roots in Germany involving "a professor at the heart of Angela Merkel's corona advisory group":

On January 23rd, 2020, in the scientific journal Eurosurveillance, of the EU Center for Disease Prevention and Control, Dr. Christian Drosten, along with several colleagues from the Berlin Virology Institute at Charité Hospital, together with the head of a small Berlin biotech company, TIB Molbiol Syntheselabor GmbH, published a study entitled, "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR" (Eurosurveillance January 23, 2020). While Drosten et al's Eurosurveillance article, undertaken in liaison with the WHO, confirmed that "several viral genome sequences had been released", in the case of 2019-nCoV, however, "virus isolates or samples from infected patients were not available … ":

"The genome sequences suggest presence of a virus closely related to the members of a viral species termed severe acute respiratory syndrome (SARS)-related CoV, a species defined by the agent of the 2002/03 outbreak of SARS in humans [3,4].

Case Classification and Identification

What is the current status of this person?

☐ Lab-confirmed case* ☐ Probable case

If probable, select reason for case classification:

☐ Meets clinical criteria AND epidemiologic evidence with no confirmatory lab testing*

☐ Meets presumptive lab evidence± AND either clinical criteria OR epidemiologic evidence

☐ Meets vital records criteria with no confirmatory lab testing

*Detection of SARS-CoV-2 RNA in a clinical specimen using a molecular amplification detection test

± Detection of specific antigen in a clinical specimen, OR detection of specific antibody in serum, plasma, or whole blood indicative of a new or recent infection

We report on the the establishment and validation of a diagnostic workflow for 2019-nCoV screening and specific confirmation [using the RT-PCR test], designed in absence of available virus isolates or original patient specimens. Design and validation were enabled by the close genetic relatedness to the 2003 SARS-CoV, and aided by the use of synthetic nucleic acid technology." (Eurosurveillance, January 23rd, 2020)

What this (erroneous) statement suggests is that the identity of 2019-nCoV was not required and that "validation" would be enabled by "the close genetic relatedness to the 2003-SARS-CoV." The recommendations of the Drosten study (supported by the Gates Foundation) pertaining to the use of the RT-PCR test applied to 2019-nCoV were then transmitted to the WHO. They were subsequently endorsed by the Director General of the WHO, Tedros Adhanom. The identity of the virus was not required. The above also explains the subsequent renaming by the WHO of the 2019-nCoV to SARS-CoV-2. The Drosten et al., article pertaining to the use of the RT-PCR test Worldwide (under WHO guidance) was challenged in a November 27th, 2020 study by a group of 23 international virologists, microbiologists et al. "*Their careful analysis of the original [Drosten] piece is damning. …They accuse Drosten and cohorts of "fatal" scientific incompetence and flaws in promoting their test*" (Engdahl, December, 2020):

Tens of thousands of coronavirus tests have been double-counted, officials admit

Two samples taken from the same patient are being recorded as two separate tests in the Government's official figures

By **Mason Boycott-Owen** *and* **Paul Nuki,** GLOBAL HEALTH SECURITY EDITOR, LONDON

21 May 2020 • 9:00pm

In light of all the consequences resulting from this very publication for societies worldwide, a group of independent researchers performed a point-by-point review of the aforesaid publication [Drosten] in which 1) all components of the presented test design were cross checked, 2) the RT-qPCR protocol-recommendations were assessed w.r.t. good laboratory practice, and 3) parameters examined against relevant scientific literature covering the field.

The published RT-qPCR protocol for detection and diagnostics of 2019-nCoV and the manuscript suffer from numerous technical and scientific errors, including insufficient primer design, a problematic and insufficient RT-qPCR protocol, and the absence of an accurate test validation. Neither the presented test nor the manuscript itself fulfils the requirements for an acceptable scientific publication. Further, serious conflicts of interest of the authors are not mentioned.

Finally, the very short timescale between submission and acceptance of the publication (24 hours) signifies that a systematic peer review process was either not performed here, or of problematic poor quality. We provide compelling evidence of several scientific inadequacies, errors and flaws (November 27th, 2020 Critique of Drosten article).

The results of the PCR Test applied to SARS-2 are blatantly flawed. At the time of writing (Second Wave) the test is being used extensively to hike up the numbers with a view to justifying a partial lockdown with devastating social and economic impacts including the engineered bankruptcy of tourism, air travel and the urban services economy.

The RT-PCR Test
CDC "Estimates" of So-called Covid-19 "Positive Cases"
How is the Data Tabulated?

In the US, the probable (PC) and the lab confirmed cases (CC) are lumped together. And the total number (PC + CC) constitutes the basis for establishing the data for COVID-19 infection. It's like adding apples and oranges. The total figure (PC+CC) categorized as "Total cases" is meaningless. It does not measure positive COVID-19 Infection. Most of the presumptive tests are undertaken by private clinics or commercial clinics. In the UK, according to a Daily Telegraph May 21st report: "*samples taken from the same patient are being recorded as two separate tests in the Government's official figures*".

Restart

This is only one example of data manipulation. In the US, clinics are paid ($$$) to hike up the number of Covid-19 admissions. A probable case does not require a lab exam: "Meets vital records criteria with no confirmatory lab testing".

Will COVID-19 be the underlying cause?

The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of the underlying cause of death are expected to result in COVID-19 being the underlying cause more often than not.

What happens if certifiers report terms other than the suggested terms?

If a death certificate reports coronavirus without identifying a specific strain or explicitly specifying that it is not COVID-19, NCHS will ask the states to follow up to verify whether or not the coronavirus was COVID-19. As long as the phrase used indicates the 2019 coronavirus strain, NCHS expects to assign the new code. However, it is preferable and more straightforward for certifiers to use the standard terminology (COVID-19).

COVID-19 Recovery Rates

The CDC Data tabulates both "confirmed" and "presumptive" positive cases since January 21st, 2020. Yet what it fails to make public is that among the confirmed and presumptive cases, a large number of Americans have recovered. But nobody talks about recovery. It does not make the headlines.

The Falsification of Death Certificates in the U.S.

At the outset of the pandemic, the CDC had been instructed to change the methodology regarding Death Certificates with a view to artificially inflating the numbers of "Covid deaths". According to H. Ealy, M. McEvoy et al., "*The 2003 guidelines for establishing death certificates had been cancelled.*" Had the CDC used its 2003 industry standard, Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting Revision 2003, as it has for all other causes of death for the last 17 years, the COVID-19 fatality count would be approximately 90.2% lower than it currently is." (Covid-19: Questionable Policies, Manipulated Rules of Data Collection and Reporting. Is It Safe for Students to Return to School? By H. Ealy, M. McEvoy, and et al., August 9th, 2020.)

CDC Deaths Attributed
to COVID-19 Comorbidities

The latest CDC report confirms that 94% of the deaths attributed to Covid have "comorbidities", (i.e. deaths dues other causes). For 6% of the deaths, COVID-19 was the only cause mentioned. For deaths with conditions or causes in addition to COVID-19, on average, there were 2.6 additional conditions or causes per death.

The number of deaths with each condition or cause is shown for all deaths and by age groups. On March 21st, 2020 the following specific guidelines were introduced by the CDC regarding Death Certificates (and their tabulation in the National Vital Statistics System (NVSS).

COVID-19: The "underlying cause of death"

Will COVID-19 be the underlying cause of death? This concept is fundamental. The underlying cause of death is defined by the WHO as "*the disease or injury that initiated the train of events leading directly to death*".

What the CDC is recommending with regards to statistical coding and categorization is that COVID-19 is expected to be the underlying cause of death "more often than not."

What Happens if Certifiers Report Terms other than the Suggested Term?

The Certifier is not allowed to report coronavirus without identifying a specific strain. And the guideline recommends that COVID-19 be indicated, when in fact the nature of the PCR test does not isolate the SARS-CoV-2 virus (2019 coronavirus strain).

Will COVID-19 be the underlying cause of death?

"The underlying cause depends upon what and where conditions are reported on the death certificate. However, the rules for coding and selection of the underlying cause of death are expected to result in COVID- 19 being the underlying cause more often than not."

"Reporting terms other than those suggested?

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What happens if the terms reported on the death certificate indicate uncertainty?

If the death certificate reports terms such as "probable COVID-19" or "likely COVID-19," these terms would be assigned the new ICD code. It Is not likely that NCHS will follow up on these cases. If *"pending COVID-19 testing" is reported on the death certificate, this would be considered a pending record. In this scenario, NCHS would expect to receive an updated record, since the code will likely result in R99. In this case, NCHS will ask the states to follow up to verify if test results confirmed that the decedent had COVID-19 ... COVID-19 should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death. Certifiers should include as much detail as possible based on their knowledge of the case, medical records, laboratory testing, etc."*

The CDC's "More Often than Not" Clause Falsifies the Cause of Death

These specific guidelines have indelibly contributed to increasing Covid-19 as the recorded "cause of death". And this despite the fact that the use of RT-PCR test provides misleading results. When cycled above 25 we almost always get a positive result.

Test, Test, Test

The RT-PCR Test is known to produce a high percentage of false positives. People are frightened. They are encouraged to do the PCR test, which increases the number of fake positives. And governments are currently involved in increasing the number of PCR tests with a view to inflating the number of so-called Covid-19 positive cases. But a PCR positive does not confirm a Covid-19 positive.

These inflated Covid positive "estimates" (from the PCR test) are then tabulated and used to sustain the fear campaign. The hype in Covid-19 deaths is based on flawed and biased criteria.

According to Dr. Pascal Sacré in an article entitled: The COVID-19 RT-PCR Test: How to Mislead All Humanity. Using a "Test" To Lock Down Society:



"This misuse of RT-PCR technique is used as a relentless and intentional strategy by some governments, supported by scientific safety councils and by the dominant media, to justify excessive measures such as the violation of a large number of constitutional rights, the destruction of the economy with the bankruptcy of entire active sectors of society, the degradation of living conditions for a large number of ordinary citizens, under the pretext of a pandemic based on a number of positive RT-PCR tests, and not on a real number of patients."

The RT- PCR tests do not prove infection

"Today, as authorities test more people, there are bound to be more positive RT-PCR tests. This does not mean that COVID-19 is coming back, or that the epidemic is moving in waves. There are more people being tested, that's all."

This procedure of massive data collection is there to provide supportive (faulty) "estimates" to justify the existence of the so-called "Second Wave", not to mention the devastating economic and social consequences. If that fails, new mutations will suffice.

In recent developments, the WHO (which adopted the RT-PCR test in early January following the recommendations of Drosten et al), has tacitly acknowledged the flaws of the PCR test (January 13th, 2021):

> "*WHO guidance Diagnostic testing for SARS-CoV-2 states that careful interpretation of weak positive results is needed (1). The cycle threshold (Ct) needed to detect virus is inversely proportional to the patient's viral load. Where test results do not correspond with the clinical presentation, a new specimen should be taken and retested using the same or different NAT technology.*"

Most PCR assays are indicated as an aid for diagnosis, therefore, health care providers must consider any result in combination with timing of sampling, specimen type, assay specifics, clinical observations, patient history, confirmed status of any contacts, and epidemiological information."

The Corona Timeline

• August 1, 2019: Glaxo Smith Kline and Pfizer announce the establishment of a corporate partnership in Consumer Health Products including Vaccines.
• September 19, 2019: The ID2020 Alliance held their Summit in New York, entitled "Rising to the Good ID Challenge". The focus was on the establishment of a vaccine with an embedded digital passport.

October 18, 2019 — Event 201
The 201 Pandemic Simulation Exercise

The coronavirus was initially named 2019-nCoV by the WHO, the same name (with the exception of the placement of the date) as that adopted at the October 18th, 2019, "201 Simulation Exercise" under the auspices of the John Hopkins Bloomberg School of Health, Centre for Heath Security (an event sponsored by the Gates Foundation and World Economic Forum). In October 2019, the Johns Hopkins Center for Health Security hosted a pandemic tabletop exercise called Event 201 with partners, the World Economic Forum and the Bill & Melinda Gates Foundation. For the scenario, they modeled a fictional coronavirus pandemic, but they explicitly stated that it was not a prediction. Instead, the exercise served to highlight preparedness and response challenges that would likely arise in a very severe pandemic. "*We are not now predicting that the nCoV-2019 outbreak will kill 65 million people. Although our tabletop exercise included a mock novel coronavirus, the inputs we used for modeling the potential impact of that fictional virus are not similar to nCoV-2019. We are not now predicting that the nCoV-2019 [which was also used as the name of the simulation] outbreak will kill 65 million people.*"

Bill and Melinda Gates Pledge $10 Billion in Call for Decade of Vaccines | Bill & Melinda Gates Foundation

Increased vaccination could save more than 8 million children by 2020; significant funding gaps remain, others must join effort

Bill & Melinda Gates Foundation
Seattle: +1.206.709.3400
London: +44.(0)207.798.6500
New York: +1.212.584.5012
Email: media@gatesfoundation.org

DAVOS, Switzerland -- Bill and Melinda Gates announced today that their foundation will commit $10 billion over the next 10 years to help research, develop and deliver vaccines for the world's poorest countries.

Bill & Melinda Gates Foundation
☎ 206-709-3400
media@gatesfoundation.org
follow @gatesfoundation

December 31st, 2019:
First cases of pneumonia detected and reported in Wuhan, Hubei Province, China

• January 1, 2020: Chinese health authorities close the Huanan Seafood Wholesale Market after Western media reports that wild animals sold there may have been the source of the virus. This initial assessment was subsequently refuted by Chinese scientists.
• January 7, 2020: Chinese authorities "identify a new type of virus" which was isolated on 7 January.
• January 11, 2020 – The Wuhan Municipal Health Commission announces the first death caused by the coronavirus.
• January 22, 2020: WHO. Members of the WHO Emergency Committee "expressed divergent views on whether this event constitutes a PHEIC or not". The Committee meeting was reconvened on January 23, 2020, overlapping with the World Economic Forum meetings in Davos (January 21-24, 2020).

The meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) expressed divergent views on whether this event constitutes a PHEIC or not. At that time, the advice was that the event did not constitute a PHEIC, but the Committee members agreed on the urgency of the situation and suggested that the Committee should be reconvened in a matter of days to examine the situation further.
• January 21-24, 2020: Consultations at the World Economic Forum, Davos, Switzerland under auspices of the Coalition for Epidemic Preparedness Innovations (CEPI) for development of a vaccine program. CEPI is a WEF-Gates partnership. With support from CEPI, Seattle based Moderna will manufacture an mRNA vaccine against 2019-nCoV, "The Vaccine Research Center (VRC) of the National Institute of Allergy and Infectious Diseases (NIAID), part of NIH, collaborated with Moderna to design the vaccine."

Note: The development of a 2019 nCoV vaccine was announced at Davos, 2 weeks after the January 7th, 2020 announcement, and barely a week prior to the official launching of the

WHO's Worldwide Public Health emergency on January 30th, 2020. The WEF-Gates-CEPI Vaccine Announcement precedes the WHO Public Health Emergency (PHEIC)

Dominant financial interests, billionaire foundations and international financial institutions played a key role in launching the WHO Public Health Emergency (PHEIC). In the week preceding this historic WHO decision. The PHEIC was the object of "consultations" at the World Economic Forum (WEF), Davos, January 21-24. The WHO Director General Dr. Tedros was present at Davos. Were these consultations instrumental in influencing the WHO's historic decision on January 30th?

Was there a 'Conflict of Interest' as defined by the WHO? The WHO's largest donor is the Bill and Melinda Gates Foundation, which together with the WEF and CEPI had already announced in Davos the development of a Covid-19 vaccine prior to the historic January 30th launching of the PHEIC.

• January 28, 2020: The US Center for Disease Control and Prevention (CDC) confirmed that the novela corona virus had been isolated. The WHO Director General had the backing of the Bill and Melinda Gates Foundation, Big Pharma and the World Economic Forum (WEF). There are indications that the decision for the WHO to declare a Global Health Emergency was taken on the sidelines of the World Economic Forum (WEF) in Davos (January 21-24) overlapping with the Geneva January 22nd meeting of the Emergency Committee. The WHO's Director Tedros was present at Davos 2020. At Davos, the Gates Foundation announced a $10 billion dollar commitment to vaccines over the next 10 years. This pledge was made in Davos, Switzerland, barely a week prior to the WHO decision to launch the PHEIC.

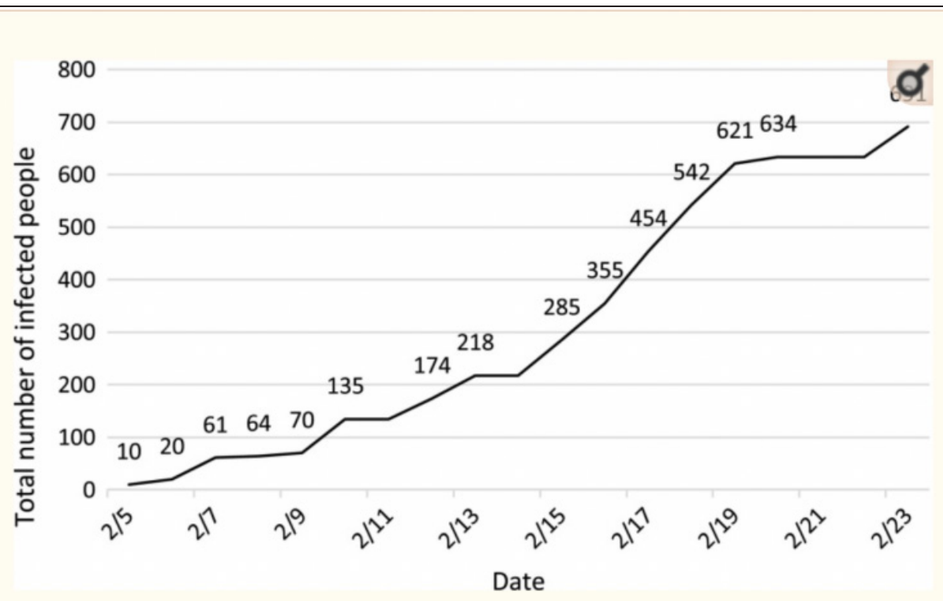


FIGURE 2

Infected Passengers and Crew Members on the Diamond Princess. (All Data Were Retrieved From Press Releases By the Ministry of Health, Labour and Welfare of Japan.[6])

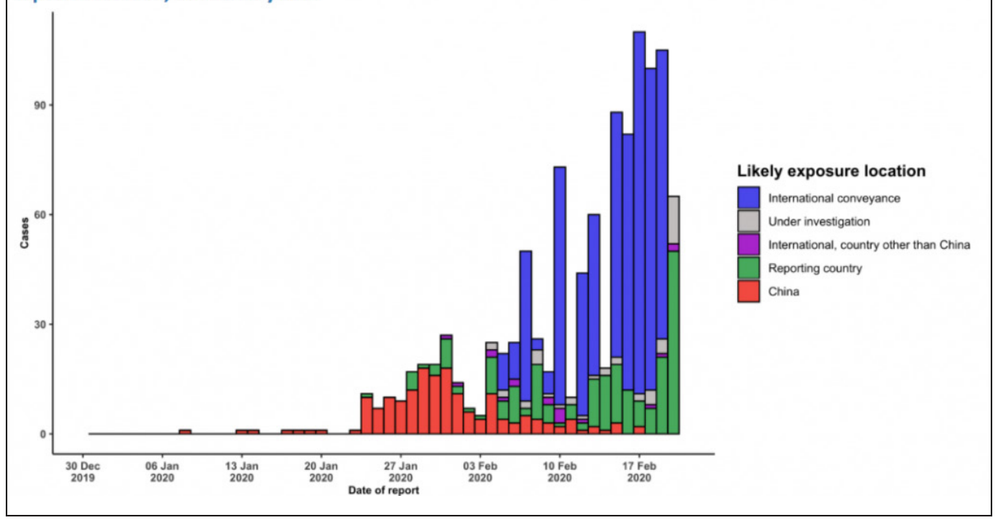
• January 30, 2020: The WHO's Public Health Emergency of International Concern (PHEIC). The first stage of this crisis was launched by the WHO on January 30th. While officially it was not designated as a "Pandemic", it nonetheless contributed to spearheading the fear campaign. From the very outset, the estimates of "confirmed positive cases" have been part of a "Numbers Game," to artificially inflate cases and deaths.

In some cases the statistics were simply not mentioned and in other cases the numbers were selectively inflated with a view to creating panic. Not mentioned by the media: The number of "confirmed cases" based on faulty estimates (PCR) used to justify this far reaching decision was

Other						
International conveyance‡ (Diamond Princess)	621 (79)	0 (0)	0 (0)	0 (0)	621 (79)	2 (2)

Case classifications are based on WHO case definitions for COVID-19.
Location of transmission is classified based on WHO analysis of available official data and may be subject to reclassification as additional data become available.
Cases identified on a cruise ship currently in Japanese territorial waters.

Figure 3. Epidemic curve of COVID-19 cases (n=1073) identified outside of China, by date of report and likely exposure location, 20 February 2020



ridiculously low. The Worldwide population outside China is of the order of 6.4 billion.

• On January 30, 2020 outside China there were: 83 cases in 18 countries, and only 7 of them had no history of travel in China (See WHO, January 30th, 2020).

• On January 29, 2020, the day preceding the launching of the PHEI (recorded by the WHO),

> The data from China continue to show a decline in new confirmed cases. Once again, we're encouraged by this trend, but this is no time for complacency.
>
> Outside China, there are now 1076 cases in 26 countries, with a total of seven deaths.

there were 5 cases in the US, 3 in Canada, 4 in France, 4 in Germany. There was no "scientific basis" to justify the launching of a Worldwide public health emergency. Those low numbers (not mentioned by the media) did not prevent the launching of a Worldwide fear campaign.

• January 31, 2020: President Trump's Decision to Suspend Air Travel with China.

On the following day (January 31st, 2020), Trump announced that he would deny entry to the US of both Chinese and foreign nationals "who have traveled in China in the last 14 days". This immediately triggered a crisis in air travel, transportation, US-China trade relations as well as freight and shipping transactions. Whereas the WHO "[did] not recommend any travel or trade restrictions" the five so-called "confirmed cases" in the US were sufficient to "justify" President Trump's January 31st, 2020 decision to suspend air travel to China while precipitating a hate campaign against ethnic Chinese throughout the Western World. This historic January 31st decision paved the way towards the disruption of international commodity trade as well as Worldwide restrictions on air travel. "Fake media" immediately went into high gear. China was held responsible for "spreading infection" Worldwide.

• Early February 2020: the acronym of the coronavirus was changed from nCoV- 2019 (its name under the October Event 201 John Hopkins Simulation Exercise before it was identified in early January 2020) to SARS-nCoV-2. Covid-19 indicates the disease triggered by SARS-CoV-2.

• February 20-21, 2020. Worldwide Covid Data Outside China: The Diamond Princess Cruise Ship While China reported a total of 75,567 cases of COVID-19, (February 20) the confirmed cases outside China were abysmally low and the statistics based in large part on the the PCR test used to confirm the "Worldwide spread of the virus" were questionable to say the least. Moreover, out of the 75,567 cases in China, a large percentage had recovered. And recovery figures were not acknowledged by the media. On the day of Dr. Tedros' historic press conference (February 20th, 2020) the recorded number of confirmed cases outside China was 1,073 of which 621 were passengers and crew on the Diamond Princess Cruise Ship (stranded in Japanese territorial waters) meaning the real total outside China was only 452 cases!

From a statistical point of view, the WHO decision pointing to a potential "spread of the virus Worldwide" did not make sense.

• On February 20th, 57.9 % of the Worldwide Covid-19 "confirmed cases" were from the Diamond Princess, hardly representative of a Worldwide "statistical trend". The official story is as follows:

A Hong Kong based passenger who had disembarked from the Diamond Princess in Hong Kong on January 25th developed pneumonia and was tested positive for the novela coronavirus on January 30th.

He was reported to have travelled on January 10th, to Shenzhen on mainland China (which borders on Hong Kong's new territories).

The Diamond Princess arrived at Yokohama on February 3rd. A quarantine was imposed on the cruiser (See NCBI study). Many passengers fell sick due to the confinement on the boat.

> **Globally**
> 125 260 confirmed (6741 new)
> 4613 deaths (321 new)
>
> **China**
> 80 981 confirmed (26 new)
> 3173 deaths (11 new)
>
> **Outside of China**
> 44 279 confirmed (6915 new)
> 1440 deaths (310 new)
> 117 countries/territories/ areas (4 new)

All the passengers and crew on the Diamond Princess undertook the PCR test. The number of confirmed cases increased to 691 on February 23rd, 2020.

Read carefully: From the standpoint of assessing Worldwide statistical trends, the data doesn't stand up. Without the Diamond Princess data, the so-called confirmed cases worldwide outside China on February 20th, 2020 were of the order of 452, out of a population of 6.4 billion.

Needless to say, this so-called data was instrumental in spearheading the fear campaign and the collapse of financial markets in the course of the month of February.

February 20th, 2020: At a press conference on Thursday the 20th of February in the afternoon (CET Time) in a briefing in Geneva, the WHO Di-

rector General Dr Tedros Adhanom Ghebreyesus, said that he was "*concerned that the chance to contain the coronavirus outbreak was "closing" … "I believe the window of opportunity is still there, but that the window is narrowing.*"

There were only 1,076 cases outside China including the Diamond Princess

The Covid-19 Numbers Game: The "Second Wave" is Based on Highly Inflated Fake Statistics

Note: The tabulated data above for February 20th, 2020 indicates 1,073 cases. These "shock and awe" statements contributed to heightening the fear campaign, despite the fact that the number of confirmed cases outside China was exceedingly low. February 20-21, 2020 marks the beginning of the 2020 Financial Crash. There were, Officially, 1,073 cases Worldwide.

Excluding the Diamond Princess, 452 so-called "confirmed cases", Worldwide outside China, for a population of 6.4 billion recorded by the WHO on February 20th, 15 in the US, 8 in Canada, 9 in the UK. Those are the figures used to justify Dr. Tedros' warnings: "the window is narrowing":

A larger number of cases outside China were recorded in South Korea (153 cases according to WHO) and Italy (recorded by national authorities). WHO data recorded in February 2020 at the outset of the so-called Covid Financial Crash. The statement by Dr. Tedros (based on flawed concepts and statistics), set the stage for the February financial collapse.

• February 24: Moderna Inc., supported by CEPI announced that its experimental mRNA COVID-19 vaccine, known as mRNA-1273, was ready for experimental human testing.

• February 28, 2020: A WHO vaccination campaign was announced by WHO Director General Dr. Tedros Adhanom Ghebreyesus.

More than 20 vaccines are in development globally, and several therapeutics are in clinical trials. The campaign to develop vaccines was initiated prior to decision of the WHO to launch a Global Public Health emergency. It was first announced at the WEF meeting at Davos (21-24 January) by CEPI.

• Early March: China: More than 50% of the infected patients recovered and were discharged from the hospitals. A total of 49,856 patients have recovered from COVID-19 and were discharged from hospitals in China. (WHO). What this means is that the total number of "confirmed infected cases" in China was 30,448. (Namely 80,304 minus 49,856 = 30,448 (80,304 is the total number of confirmed cases in China (WHO data, March 3rd, 2020). These developments concerning "recovery" are not reported by the Western media.

• March 5, WHO Director General confirms that outside China there are 2,055 cases reported in 33 countries. Around 80% of those cases continue to come from just three countries (South Korea, Iran, Italy).

• March 7: USA: The number of "confirmed cases" (infected and recovered) in the United States in early March is of the order of 430, rising to about 600 (March 8th). Rapid rise in the course of March. Compare that to the figures pertaining to the Influenza B Virus: The CDC estimated for 2019-2020 "at least 15 million flu virus illnesses, 140,000 hospitalizations and 8,200 deaths. (The Hill, March 2020).

• March 7: China: The Pandemic is Almost Over. Reported new cases in China fall to double digit. 99 cases recorded on March 7th. All of the new cases outside Hubei province are categorized as "imported infections"(from foreign countries). The reliability of the data remains to be established: 99 newly confirmed cases including 74 in Hubei Province, … The new cases included 24 imported infections — 17 in Gansu Province, three in Beijing, three in Shanghai and one in Guangdong Province.

• March 11, 2020: The Historic Covid-19 Pandemic, Lockdown, Closing Down of 190+ National Economies The WHO Director General had already set the stage in his February 21st Press Conference. "*the world should do more to prepare for a possible coronavirus pandemic*". 'More' was never defined or given meaning.

The WHO had called upon countries to be "in a phase of preparedness".

The WHO officially declared a Worldwide pandemic at a time when there were 118,000 confirmed cases and 4291 deaths Worldwide (including China). (March 11, 2020, according to press conference).

What do these "statistics" tell you?

The number of confirmed cases outside China (6.4 billion population) were of the order of 44,279 and 1,440 deaths (figures recorded by the WHO for March 11th, released on March 12th) (The death figure outside China mentioned in Tedros's press conference was 4,291). Immediately following the March 11th, 2020 WHO announcement, the fear campaign went into high gear. The economic and financial impacts are reviewed ahead.
March 16: Moderna mRNA-1273 is tested in several stages with 45 volunteers in Seattle, Washington, USA. The vaccine program started in early February:

"*We don't know whether this vaccine will induce an immune response, or whether it will be safe. That's why we're doing a trial,*" Jackson stressed. "*It's not at the stage where it would be possible or prudent to give it to the general population.*" (AP, March 16th, 2020).

Second Wave Announcements and Press Reports Canada and the US Early to Mid-June, November, December: Ongoing, Partial Lockdown, Social Distancing and Social Gathering Measures Taken by Britain, France, Germany and Canada and the Introduction of the Covid Vaccine

Engineered Economic Depression

At the time of writing, there are essentially four distinct phases in the engineered destabilization of the global economy.

• The First phase was launched in late January, when the Trump administration announced (Jan 31st, 2020) that it will deny entry to foreign nationals "who have traveled in China in the last 14 days". This immediately triggered a crisis in air transportation. China-US trade as well as the tourism industry were affected.

• The second phase was initiated on February 20th, following WHO Director General Dr. Tedros' warning that a pandemic was imminent, which served to trigger the beginning of the 2020 Corona Financial crash.

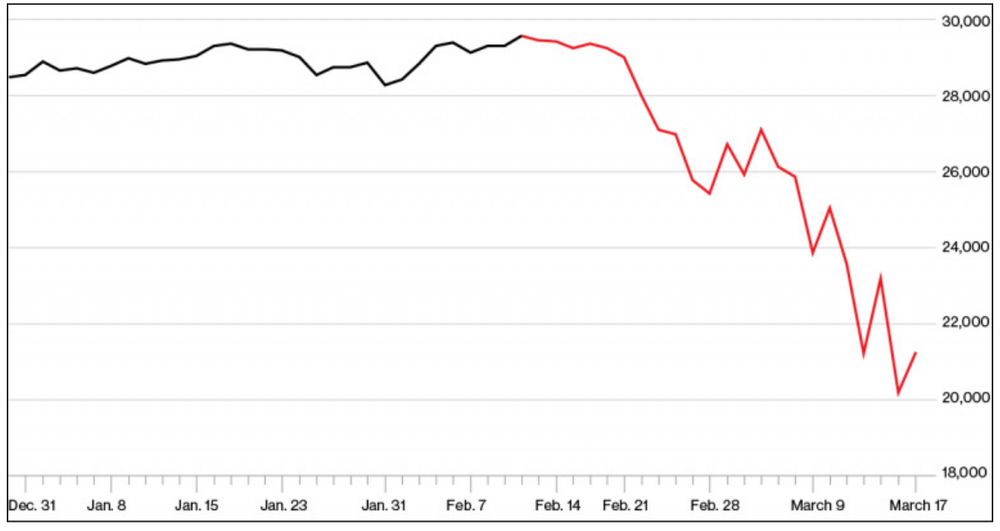
• The third Phase was launched with the March 11th lockdown and closing down of of 190+ national economies, with devastating social consequences and,

• A Fourth phase was initiated in October-November coinciding with the so-called "Second Wave" and "new mutations".

The Disruption of US-China Trade

Trump's decision on January 31st, 2020 was taken immediately following the announcement by the WHO Director General of a Public Health Emergency of International Concern (PHEIC) (January 30th, 2020). In many regards, this was an act of "economic warfare" against China.

And then, following Trump's January 31st 2020 decision to curtail air travel and transportation to China, a campaign was launched in Western countries against China as well against ethnic Chinese. The Economist reported that "The coronavirus spreads racism against and among ethnic Chinese". "Britain's Chinese community faces racism over coronavirus outbreak," According to the South China Morning Post (Hong Kong): "Chinese communities overseas are increasingly facing racist abuse and discrimination amid the coronavirus outbreak. Some ethnic Chinese people living in the UK say they experienced growing hostility because of the deadly virus that originated in China." And this phenomenon happened all over the U.S.



February 24: Stock market tumbles, Trump claims control

Trump asks for a $1.25bn in emergency aid after the Dow Jones Industrial Average tumbles 1,000 points on coronavirus fears.

He tweets that the virus "is very much under control" and the stock market "starting to look very good to me!"



US-China Trade
America's Dependence on "Made in China"

What the Trump administration failed to comprehend is that the United States is heavily dependent on commodity imports from China. The unspoken truth is that America is an import led economy (resulting from offshoring) with a weak manufacturing base, heavily dependent on imports from the PRC. Despite America's financial dominance and the powers of the dollar, there are serious failures in the structure of America's "Real Economy" which have been exacerbated by the corona crisis.

US imports from China have declined significantly as a result of the "pandemic", the impacts on US retail trade are potentially devastating. This process of disruption affecting production, supply line and international transport started in early February 2020, following Trump's declaration on January 31st, 2020.

Political and geopolitical factors played a key role including the anti-Chinese campaign launched in February 2020 as well as threats by the Trump administration claiming that China was responsible for "spreading the virus".

The impacts on bilateral US-China trade were devastating: US commodity imports from China declined by 28.3% (average over first three months of 2020 in relation to first 3 months of 2019). Following the March 11th lockdown and closure of the global economy, the decline of US imports from China in March 2020 were of the order of 36.5% (in relation to March 2019). The decline in China's exports to the US recorded in April and May were of the order 7.9% to 8.5% in relation to April-May 2019.

Moreover, according to figures quoted by the the Financial Times (largely attributable to the deep-seated financial crisis which started in February 2020), the value of (announced) Chinese direct investment projects into the US had fallen by about 90%: $200 million in the first quarter of 2020, down from an average of $2 Billion per quarter in 2019.

"*Chinese direct investment into the US stood at $5bn, a slight drop from $5.4bn in 2018 and well off a recent peak of $45bn in 2016, when Chinese companies were much more free to acquire US counterparts*". While the US economy had entered into a deep-seated crisis (starting in February 2020 with the financial crash), China's economy had recovered: China's overall exports Worldwide (in dollars) in April rose by 3.5% (in relation to April 2019). What has transpired is a major redirection of China's exports to the European Union (EU) and the rest of the World, which inevitably affects "Made in China" retail trade throughout the US. The geopolitical implications are far-reaching, while the real economy in the US is in a shambles, China has now become the EU's largest trading partner.

The February 2020 Corona Financial Crash

Speculative trade and financial fraud played a key role. On Thursday the 20th of February, in the early afternoon in Geneva, (CET Time) the WHO Director General Dr. Tedros Adhanom Ghebreyesus held a press conference. I am "*concerned*", he said, "*that the chance to contain the coronavirus outbreak" is "closing*" …

"*I believe the window of opportunity is still there, but that the window is narrowing.*" These "shock and awe" statements contributed to triggering panic, despite the fact that the number of confirmed cases outside China was exceedingly low: 1,076 cases outside China, for a population of 6.4 billion worldwide. Excluding the Diamond Princess cruise ship, there were only 452 so-called "confirmed cases" Worldwide.

The statement by Dr. Tedros (based on flawed concepts and statistics), set the stage for the February financial collapse triggered by inside information, foreknowledge, derivative trade, short-selling and a galore of hedge fund operations. COVID-19 was narrowly identified as the catalyst of the financial crash for society and the catalyst of the financial boon for the globalists.

Who was behind this catalyst?

Who was behind the fear campaign which contributed to triggering chaos and uncertainty on financial markets? The small number of confirmed cases outside China (1,076) did not in any way confirm the spread of a Worldwide epidemic. But this did not prevent the markets from plummeting. The markets had been manipulated. Whoever had foreknowledge (inside information) of the WHO Director General's February 20th, 2020 statement would have reaped significant monetary gains by shorting stocks.

Was there a conflict of interest (as defined by the WHO)? The WHO receives funds from the Gates Foundation. Gates has "*60% of his assets invested in equities [including stocks and index funds]*", according to a September 2019 CNBC report. The stock market crash initiated on February 20th referred to as the 2020 Coronavirus Crash (February 20-April 7, 2020), was categorized as:

> ***"the fastest fall in global stock markets in financial history,***
> ***and the most devastating crash since the Wall Street Crash of 1929."***

The cause of the financial crash was, according to unnamed "analysts" on mainstream mediam "V - The Virus," namely, the alleged "massive spread" of the epidemic outside China. But that was an outright lie: there were only 1,076 cases Worldwide outside of China for a population of 6.4 billionpeople living outside of China. Media disinformation played a key role in spearheading the fear campaign.

Insider Trading and Financial Fraud

The possibility of financial fraud and "inside trading" (which is illegal) was casually dispelled by financial analysts and media reports. Without the human hand, there is no causal relationship between a microscopic virus and the complex gamut of financial variables. The "killer virus" fear campaign coupled with Dr. Tedros' timely "warnings" of the need to implement a Worldwide pandemic indelibly served the interests of Wall Street's institutional speculators and hedge funds. The financial crash led to a major shift in the distribution of money wealth. In the week following the February 20-21 WHO announcement, the Dow Jones collapsed by 12% (CNBC, February 28, 2020). According to analysts, the plunge of the DJIA was the result of the Worldwide spread of the virus. A nonsensical statement in contradiction with the (small) number of WHO Covid positive estimates (1,076 outside China), most of which were based on the faulty PCR test. On Monday, February 24th, upon the reopening of stock markets, there was an unprecedented plunge in the Dow Jones attributable to the "*impending dangers*" that "*Covid was spreading Worldwide creating uncertainties in financial markets*".

"*Stocks fell sharply on Monday (February 24th) as the number of coronavirus cases outside China surged, stoking fears of a prolonged global economic slowdown from the virus spreading. The Dow Jones Industrial Average closed 1,031.61 points lower, or 3.56%, at 27,960.80.*" (CNBC). Dow Jones Industrial Average, December 2019 – March 2020. Also on February 24th, Trump requested a $1.25 billion dollar emergency aid package.

According to the BBC, Worldwide stock markets saw sharp falls "*because of concerns about the economic impact of the virus*", suggesting that the Virus was "*the invisible hand*" responsible for the decline of financial markets.

COVID-19 was narrowly identified as the catalyst of the financial crash

Who was behind the fear campaign which contributed to triggering chaos and uncertainty on financial markets coupled with bankruptcies and a massive redistribution of money wealth?

• March 11, 2020: The Covid-19 Pandemic, Lockdown, Closing Down of 190 National Economies On March 11, 2020: the WHO officially declared a Worldwide pandemic at a time when there were 118,000 confirmed cases and 4,291 deaths Worldwide, including China (March 11th, 2020, according to press conference).

What do these "statistics" tell you? The number of confirmed cases outside of China (6.4 billion population) was of the order of 44,279 and 1,440 deaths (these *figures were recorded for March 11th by the WHO and reported on March 12th. There is a contradiction in the number of deaths outside China recorded by the WHO. In Tedros' WHO press conference: 4,291 outside China*). Immediately following the March 11th, 2020 WHO announcement, the fear campaign went into high gear. As in the case of the February 20-21 crash, the March 11th statement by the WHO Director General had set the stage. Stock markets crashed worldwide. On the following morning, the Dow (DJIA) plummeted by 9.99% (A decline of 2,352.60 to close at 21,200.62) Black Thursday, March 12th, 2020 was "the Dow's worst day" since 1987. Financial fraud was the trigger. A massive transfer of financial wealth had taken place in favor of America's billionaires. "Stay at Home" confinement instructions were transmitted to 193 member states of the United Nations. Politicians are the instruments of powerful financial interests. Was this far-reaching decision justified as a means to combating the Virus? Of course not!

The decision was based on a flawed lockdown model designed by Imperial College London. Unprecedented in history, applied almost simultaneously in a large number of countries, entire sectors of the World economy were destabilized. Small and medium sized enterprises were driven into bankruptcy. Unemployment and poverty are now rampant even in the USA.

In several developing countries, famines have erupted. The social impacts of these measures are devastating. The health impacts (mortality, morbidity) of these measures including the destabilization of the system of national health care (in numerous countries) far surpass those attributed to Covid-19.

The "Real Economy" and "Big Money"

Why are these Covid lockdown policies spearheading bankruptcy, poverty and unemployment? There is an important relationship between the "Real Economy" and "Big Money", namely the financial establishment. What is ongoing is a process of concentration of wealth, whereby the financial establishment, (i.e. the multibillion dollar creditors) are slated to appropriate the real assets of both bankrupt companies as well as State assets. The "Real Economy" constitutes "the economic landscape" of real economic activity: productive assets, agriculture, industry, services, trade, investment, employment as well social and cultural infrastructure including schools, hospitals, universities, museums, etc. The real economy at the global and national levels is being targeted by the lockdown and closure of economic activity. The Global Money financial institutions are the "creditors" of the real economy. They want what they believe is their money back.

The closure of the global economy has triggered a process of global indebtedness. Unprecedented in World history, a multi-trillion dollar bonanza of dollar denominated debts is hitting simultaneously the national economies of 193 countries. Under the so-called "New Normal" Great Reset put forth by the World Economic Forum (WEF), the creditors (including the billionaires) will eventually buy out important sectors of the real economy as well as take over bankrupt entities. The creditors will also seek to acquire ownership and/or control of "public wealth" including the social and economic assets of the State through a massive indebtedness project under the surveillance of creditor institutions including the IMF, the World Bank, the regional

development banks, etc. In the sections below we review the dramatic impacts of the closure of the global economy focussing on bankruptcies, poverty, unemployment, the outbreak of famines and the loss of educational systems. Most of the figures quoted below are from UN, government and related sources, which tend to underestimate the seriousness of this ongoing global crisis, which is literally destroying people's lives.

Indebtedness in all sectors of economic activity Worldwide is the driving force. What is presented below is but the tip of the iceberg. Much of the data corresponds to the first 6-8 months of 2020. The devastating impacts of the Second Wave lockdown which are ongoing and the mutations which are also ongoing are yet to be fully assessed although we include many early assessments throughout the following pages:

Bankruptcies

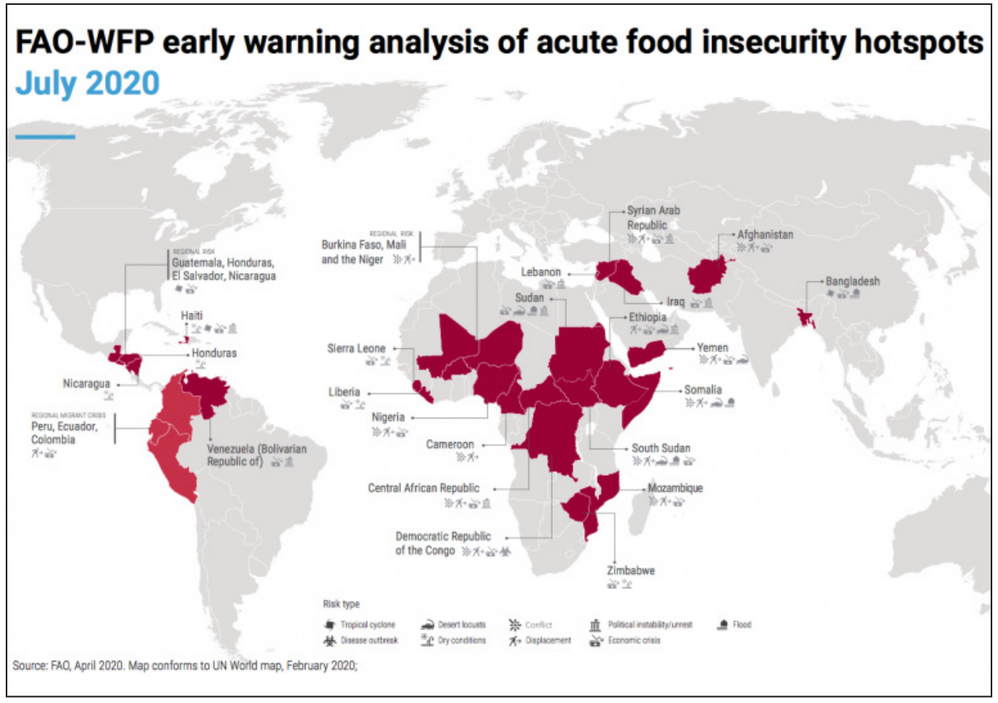
The wave of bankruptcies triggered by the closure of the World economy affects both Small and Medium Sized Enterprises (SME) as well as large Corporations. The evidence suggests that small and medium sized enterprises are literally being wiped out. This is according to a survey by the International Trade Centre, quoted by the OECD, pertaining to SMEs in 132 countries:

Two-thirds of micro and small firms report that the crisis strongly affected their business operations, and one-fifth indicate the risk of shutting down permanently within three months. Based on several surveys in a variety of countries, McKinsey (2020) indicates that between 25% and 36% of small businesses could close down permanently from the disruption in the first four months of the pandemic. (OECD Report) According to Bloomberg:

"*Over half of Europe's small and medium-sized businesses say they face bankruptcy in the next year if revenues don't pick up, underscoring the breadth of damage wrought by the Covid-19 crisis. One in five companies in Italy and France anticipate filing for insolvency within six months, according to a McKinsey & Co. survey in August of more than 2,200 SMEs in Europe's five largest economies. The surveys tend to underestimate the magnitude of this unfolding catastrophe. The numbers are much larger than is being reported. In Italy alone, according to Manlio Dinucci, some 300,000 micro, small and medium sized enterprises are slated be wiped out.*"

In the US, the bankruptcy process is ongoing. According to a group of academics in a letter to Congress:

"*We anticipate that a significant fraction of viable small businesses will be forced to liquidate, causing high and irreversible economic losses. Workers will lose jobs even in otherwise viable businesses. A run of defaults looks almost inevitable. At the end of the first quarter of this year, U.S. companies had amassed nearly $10.5 trillion in debt — by far the most since the Federal Reserve Bank of St. Louis began tracking the figure at the end of World War II. An explosion in corporate debt,*" Mr. Altman said (NYT, June 16th, 2020).



With regard to small businesses in the US: "*... almost 90% of small businesses experienced a strong (51%) or moderate (38%) negative impact from the pandemic; 45% of businesses experienced disruptions in supply chains; 25% of businesses have less than 1-2 months cash reserves.*"

The results of a survey of over 5,800 small businesses in the United States: … shows that 43% of responding businesses are already temporarily closed. On average, businesses reduced their employees by 40%. Three-quarters of respondents indicate they have two months or less in cash in reserve (OECD).

In a recent survey: "*half of all US small business owners in the entire country believe that they may soon be forced to close down for good. Not even during the Great Depression of the 1930s did we see anything like this*".

Global Unemployment

A massive Worldwide contraction in employment is ongoing. In an August report, the International Labour Organization (ILO) confirms that: The COVID-19 crisis has severely disrupted economies and labor markets in all world regions, with estimated losses of working hours

equivalent to nearly **400 million full-time jobs in the second quarter of 2020**, most of which are in emerging and developing countries…(ILO, 2020) [Emphasis mine].

Among the most vulnerable are the 1.6 billion informal economy workers, representing half of the global workforce, who are working in sectors experiencing major job losses or have seen their incomes seriously affected by lockdowns.

The COVID-19 crisis is disproportionately affecting 1.25 billion workers in at-risk jobs, particularly in the hardest-hit sectors such as retail trade, accommodation and food services, and manufacturing (ILO, 2020). Most of these workers are self-employed, in low-income jobs in the informal sector. Young people, for example, are experiencing multiple shocks including disruption to education and training, employment and income, in addition to greater difficulties in finding jobs.

The Covid-19 Numbers Game: The "Second Wave" is Based on Fake Statistics

The ILO does not in any way explain the political causes of mass unemployment, resulting from actions taken by national governments, allegedly with a view to resolving the Covid pandemic. Moreover, the ILO tends to underestimate both the levels as well as the dramatic increase in unemployment. Governments are under the control of global creditors. What is contemplated for the post-Covid era is the implementation of massive austerity measures including the cancellation of workers' benefits and social safety nets. In the US, "*more than 30 million people, over 15% of the workforce, have applied for unemployment benefits… "* (CSM, May 6th, 2020).

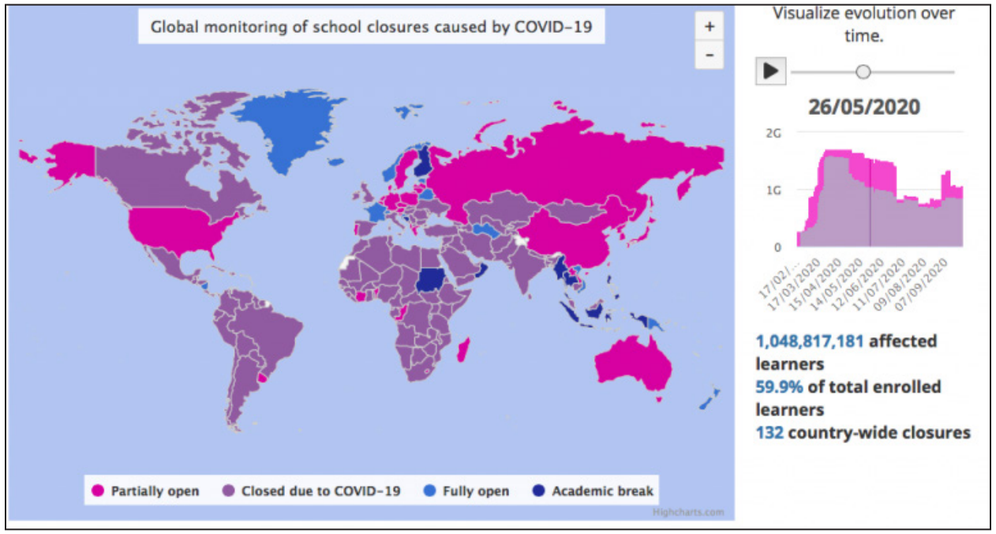
Suicide Mortality and Coronavirus Disease 2019—A Perfect Storm?

Mark A. Reger, PhD[1,2]; Ian H. Stanley, MS[1,3]; Thomas E. Joiner, PhD[3]

» Author Affiliations | Article Information

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Announced in early December: *"More than 10 million Americans are projected to lose their unemployment benefits the day after Christmas unless Congress acts to extend key pandemic-related programs – a prospect that as of now looks uncertain at best."* (US News and World Report). The cliff edge looms as coronavirus cases surge around the country and applications for unemployment benefits rise with states and localities reimposing virus-related restrictions. The lapse is also set to occur as protections for renters, student loan borrowers and homeowners expire – a potential devastating confluence of events for both individuals, whose savings have been ravaged by the pandemic, and the economy at large, which is gradually clawing its way back,not-successfully, from the coronavirus-induced recession. When the programs lapse at the end of December, an estimated 12 million people could lose jobless benefits, according to the Century Foundation (US News and World Report).



During the most severe Main Street economic collapse in US history — with over one-fourth of working-age Americans jobless — an additional calamity looms:

According to Census Bureau estimates, 30 to 40 million Americans face possible eviction in 2021 for lack of income to pay rent or service mortgages. Without federal aid or an extended rent moratorium, a calamity of biblical proportions may unfold in the coming months.

Unemployment in the European Union (EU)

"*Unemployment across the whole of the European Union is expected to rise to nine percent in 2020, in the wake of the Coronavirus pandemic and subsequent lockdowns enforced by national governments*".

According to official EU figures: Greece, Spain and Portugal … have once again seen large rises in youth unemployment since the start of the pandemic. Greece saw a surge from 31.7 percent in March to 39.3 percent in June, while Spain and Portugal had similar increases, from 33.9 percent to 41.7 percent and 20.6 percent to 27.4 percent, respectively.

Unemployment in Latin America

In Latin America, the average unemployment rate was estimated at 8.1 per cent at the end of 2019. The ILO states that it could rise by a modest 4 to 5 percentage points to 41 million unemployed. In absolute numbers, these rates imply that the number of people who are looking for jobs but are not hired rose from 26 million before the pandemic to 41 million in 2020, as announced by ILO experts. These estimates of the ILO and the World Bank are misleading. According to the Inter American Development Bank (IDB), the increase in unemployment for the Latin American region is of the order of 24 million, with jobs losses in Colombia of the order of 3.6 million, Brazil, 7.0 million and Mexico 7.0 million. Even these figures tend to underestimate the dramatic increase in unemployment. And the situation is likely to evolve in course of the Second Wave lockdown which has triggered a renewed wave of bankruptcies. According to a Survey conducted by the Instituto Nacional de Estadística y Geografía (INEGI) the increase in unemployment in Mexico was of the order of 12.5 million in April, i.e. in the month following the March 11th, 2020 lockdown and closure of the national economy.

The Outbreak of Famines

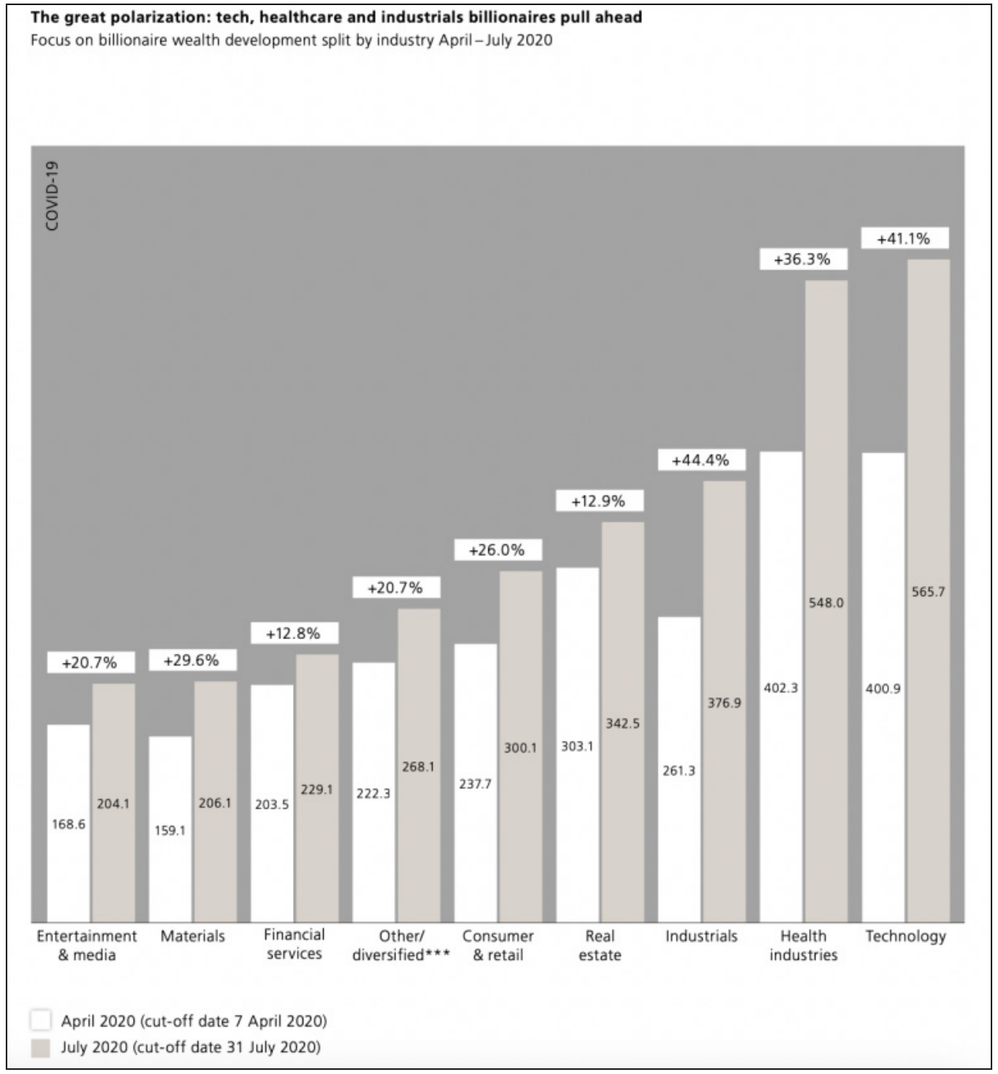
Famines have erupted in at least 25 developing countries according to UN sources. According to the FAO, July 17th, 2020, The UN's Food and Agriculture Organization (FAO) and World Food Programme (WFP) identified 27 countries that are on the frontline of impending COVID-19-driven food crises, as the pandemic's knock-on effects aggravate pre-existing drivers of hunger. No world region is immune, from Afghanistan and Bangladesh in Asia, to Haiti, Venezuela and Central America, to Iraq, Lebanon, Sudan and Syria in the Middle East to Burkina Faso, Cameroon, Liberia Mali, Niger, Nigeria, Mozambique, Sierra Leone and Zimbabwe in Africa. The joint analysis by FAO and WFP warns these "hotspot countries" are at high risk of—and in some cases are already seeing—significant food security deteriorations in the coming months, including rising numbers of people pushed into acute hunger. The COVID-19 pandemic has potentially far-reaching and multifaceted indirect impacts on societies and economies, which could last long after the health emergency is over. These could aggravate existing instabilities or crises, or lead to new ones with repercussions on food security, nutrition and livelihoods. With over two billion people, or 62 percent of all those working worldwide, employed in the informal economy according to ILO data, millions of people face a growing risk of hunger. Earnings for informal workers are estimated to decline by 82 percent, with Africa and Latin America to face the largest decline (ILO 2020, FAO, p. 6).

U.S. Billionaire Wealth Is Up $850 Billion Since March 18th

U.S. billionaire wealth has climbed 28 percent since March 18th, 2020. During the same span, global billionaire wealth is up $1.5 trillion.

October 8, 2020

Chuck Collins



Famine and Despair in India

The social and economic impacts of the March 11th Lockdown in India were devastating triggering a wave of famine and despair. "Millions of people who have lost income now face increased poverty and hunger, in a country where even before the pandemic 50 percent of all

children suffered from malnourishment". In late November, the largest general strike in the country's history was carried out against the Modi government with more than 200 million workers and farmers. According to the Mumbai University and College Teachers' Union: This strike is against the devastating health and economic crisis unleashed by COVID-19 and the lockdown on the working people of the country. This has been further aggravated by a series of anti-people legislations on agriculture and the labor code enacted by the central government. Along with these measures, the National Education Policy (NEP) imposed on the nation during

WEALTH OF U.S. BILLIONAIRES GREW $584 BILLION (20%) SINCE BEGINNING OF PANDEMIC

March 18 – June 17, 2020

Name	March 18 Net Worth ($ Billions)	June 17 Real Time Worth ($ Billions)	Wealth Growth in 3 Months ($ Billions)	% Growth in 3 Months	Source
Jeff Bezos	$113.0	$156,751	$43,751	38.7%	Amazon
Bill Gates	$98.0	$109,472	$11,472	11.7%	Microsoft
Mark Zuckerberg	$54.7	$86,766	$32,066	58.6%	Facebook
Warren Buffett	$67.5	$71,929	$4,429	6.6%	Berkshire Hathaway
Larry Ellison	$59.0	$69,003	$10,003	17.0%	Oracle
SUBTOTAL	**$392.2**	**$493,921**	**$101,721**	**25.9%**	
ALL OTHERS	**$2,555.3**	**$3,037,459**	**$482,159**	**18.9%**	
TOTAL	**$2,947.5**	**$3,531,379**	**$583,879**	**19.8%**	

the pandemic will further cause irreparable harm to the equity of and access to education.

According to Left Voice: "*The pandemic has spread from major cities such as Delhi, Mumbai, and other urban centers to rural areas where public health care is scarce or non-existent. The Modi government has handled the pandemic by prioritizing the profits of big business and protecting the fortunes of billionaires over protecting the lives and livelihoods of workers*".

Food Insecurity in the U.S.

Nutrition and food insecurity is not limited to developing countries. In the US, according to Stephen Lendman: "*Around one in four US households experienced food insecurity this year—over 27% of households with children. A Northwestern University Institute for Policy Research study estimates the number of food insecure households with children at nearly 30%. Black families are twice as food insecure as their white counterparts. Latino households are also disproportionately affected.*"

Mental Health is an Important Issue

Yet to be documented is the impact of this Worldwide crisis on the mental health of millions of people often spearheaded by unemployment and mass poverty. The frequency of suicides has increased. The data remains to be established. "*Secondary consequences of social distancing may increase the risk of suicide*," researchers noted in an April 10th paper published by the American Medical Association. "*It is important to consider changes in a variety of economic, psycho-social, and health-associated risk factors.*" (See FEE) Essentially, researchers warned, forced isolation could prove to be "a perfect storm" for suicide. The peer reviewed report mentioned does not address the central issue. How the engineered loss of employment coupled with confinement leads to depression and despair, which results in suicide mortality.

Education: The Impacts on Our Children

The very foundations of civil society are threatened. UNICEF estimates that 1.6 billion children and adolescents are affected by the closure of schools Worldwide. "*As the COVID-19 pandemic has spread across the globe, a majority of countries have announced the temporary closure of schools, impacting more than 91 per cent of students worldwide… Never before have so many children been out of school at the same time… Colleges and universities are also paralysed. Students are denied the right to education.*" While UNESCO confirms that more than one billion learners are affected, it offers no concrete solution or critique. The official narrative imposed by the so-called "public/private partnership" which is imposed on national governments has been adopted at face value. School closures have been implemented in 132 countries. (UNESCO, May 2020).

The Enrichment of the Super Rich
The Appropriation and Redistribution of Wealth

"V the Virus" is said to be responsible for the wave of bankruptcies and unemployment. That's a lie. There is no causal relationship between the virus and economic variables. The decision-making process must be addressed. It's the powerful financiers and billionaires who are behind this project which has contributed to the destabilization—Worldwide—of the real economy.

Since early February 2020, the Super Rich have cashed in on billions of dollars. Between April and July (four months) the total wealth held by billionaires around the world has grown from $8 trillion to more than $10 trillion. There are three distinct phases, which are directly related to the corona crisis, each of which is marked by major shifts in the distribution of global wealth.

1. The financial crisis initiated on February 20th, was conducive to a dramatic redistribution of money wealth and ownership of financial assets. Foreknowledge, inside information and speculative trade played a key role. Was there foreknowledge and/or inside information of WHO's Dr. Tedros February 20th Statement? There was!

2. The March 11th lockdown and closing down of the national economies of 190+ UN member states, which triggered corporate as well as SME bankruptcies Worldwide. The March 11th event was also marked by the plunge of stock markets worldwide, starting on Black Thursday March 12th, 2020.

3. The third stage of billionaire enrichment pertains to the implementation of the so-called "Second Wave" lockdown which consists in triggering a renewed wave of bankruptcies. The redistribution of wealth in favor of the billionaire class is confirmed by an IPS study pertaining to the closing down of the global economy. At the global level, billionaires are big winners during the Covid-19 pandemic.

According to a UBS report, the roughly 2,189 global billionaires now have $10.2 trillion. This is an estimated increase of $1.5 trillion during the 2020 pandemic looking at both UBS and Forbes billionaire data from 2019. The UBS report raises the question: are the billionaires "innovators" or "disruptors"?: When the storm passes, a new generation of billionaire innovators looks set to play a critical role in repairing the damage. Using the growing repertoire of emerging technologies, tomorrow's innovators will digitize, refresh and revolutionize the economy. Let us be under no illusions, these corrupt billionaires are "impoverishers". The main areas of enrichment in 2020 are Big Pharma and the High Tech Digital Financial Network.

"Financial Weapons of Mass Destruction" (FWMD)

While the UBS and Forbes report (quoted above) fail to explain how the Covid-19 pandemic contributed to this massive redistribution of wealth, they nonetheless confirm that: "collective billionaire wealth has grown at its fastest rate over any period over the past decade."

Background

Hydroxychloroquine or chloroquine, often in combination with a second-generation macrolide, are being widely used for treatment of COVID-19, despite no conclusive evidence of their benefit. Although generally safe when used for approved indications such as autoimmune disease or malaria, the safety and benefit of these treatment regimens are poorly evaluated in COVID-19.

Methods

We did a multinational registry analysis of the use of hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19. The registry comprised data from 671 hospitals in six continents. We included patients hospitalised between Dec 20, 2019, and April 14, 2020, with a positive laboratory finding for SARS-CoV-2. Patients who received one of the treatments of interest within 48 h of diagnosis were included in one of four treatment groups (chloroquine alone, chloroquine with a macrolide, hydroxychloroquine alone, or hydroxychloroquine with a macrolide), and patients who received none of these treatments formed the control group. Patients for whom one of the treatments of interest was initiated more than 48 h after diagnosis or while they were on mechanical ventilation, as well as patients who received remdesivir, were excluded. The main outcomes of interest were in-hospital mortality and the occurrence of de-novo ventricular arrhythmias (non-sustained or sustained ventricular tachycardia or ventricular fibrillation).

RETRACTED

In fact it is the largest redistribution of global wealth in World history. It is predicated on a systematic process of Worldwide impoverishment. It is an act of economic warfare. The billionaires were not only the recipients of generous "government stimulus packages" (i.e. Handouts), the bulk of their financial gains from the outset of the Covid fear campaign in early February was the result of insider trading, derivative trade and the manipulation of both financial and commodity markets. Warren Buffett rightfully identifies these speculative instruments (supported by sophisticated algorithms) as "Financial Weapons of Mass Destruction". On March 18th, 2020, U.S. billionaires had combined wealth of $2.947 trillion. By October 8th, their wealth had surged to $3.8 trillion. A monetary increase of $850 billion, a rise of their combined wealth of the order of more than 28 percent. This estimate does not account for the increase in wealth during the period preceding March 18th, which was marked by a series of stock market crashes. And commencing in late 2020, the billionaire class is involved in sustaining a Second Wave Lockdown involving the partial closure of the World economy.

The US Public Debt Goes Fly High

The private appropriation of wealth has precipitated a global debt crisis. In country after country the public debt has skyrocketed. In the US the federal budget deficit hit an all-time high of $3.1 trillion in the 2020 budget year (September), more than three times the size of the 2019 budget year deficit of $984 billon. It was the US government's largest annual shortfall in dollar terms, surpassing the previous record of $1.4 trillion set in 2009. The 2020 deficit, in terms of its relationship to the economy, represented 15.2 percent of total gross domestic product (GDP), the sum of all the goods and services produced by the country. That was the highest level since 1945, when the US was borrowing heavily to finance World War II (Al Jazeera).

The Trump administration's 2020 budget year was marked by a 47.3 percent surge in spending to $6.55 trillion, largely used to finance Trumps corporate bailouts and Trump handouts as well as the multibillion dollar social safety nets resulting from the Covid financial crash in February and the March lockdown, which was conducive to the partial closure of the US economy. In the wake of the corona crisis, the social safety nets will be abolished. The implementation of drastic austerity measures is envisaged.

"The Second Wave" Is A Lie
Another Lockdown

The Second Wave is a Lie. It is presented to public opinion as a means to combating the virus and saving lives. That is what the governments are telling us. The fear campaign has gone into high gear, applied simultaneously in different regions of the world. Test, Test, Test, the objective of which is to push up the numbers of so-called positive cases. If you live alone in the UK, you can set up a "Support Bubble. Needless to say: at the outset of this Second Wave, the global economy is already in a state of chaos. While the reports fail to reveal the depth and seriousness of this global crisis, the evidence (which is still tentative and incomplete) speaks for itself.

The rationale of the Second Wave is to prevent and postpone the complete reopening of the national economy, coupled with the enforcement of social distancing, the wearing of the face mask, etc.

The intent is to trigger a second wave of bankruptcies

The targets are the service economy, the airlines, the tourist industry, etc. Maintaining strict restrictions on air travel is tantamount to spearheading major airlines into bankruptcy. The bankruptcy program is engineered and imposed.

Solely in the US tourism and travel industry, 9.2 million jobs could be lost and "*between 10.8 million and 13.8 million jobs are at serious risk*".

And the Second Wave is intent upon enabling the billionaires to pick up the pieces, acquiring ownership of entire sectors of economic activity at rockbottom prices. The money they appropriated in the course of the financial crisis (through outright manipulation) will be used to buy out bankrupt corporations as well as bankrupt governments.

The financial establishment has instructed governments to implement what is tantamount to a second bankruptcy program using the pretext and justification that the number of Covid positive cases has increased. In all likelihood this second wave extending into Spring of 2021 will lead to a further process of appropriation and concentration of wealth.

Concurrently, there is a tendency towards totalitarian forms of government. At the outset of the Second Wave, the process of postponing the reopening of the global economy will indelibly contribute to wiping out (regional and local) small and medium sized enterprises worldwide, while also precipitating the bankruptcy of entire sectors of the World economy including airlines, hotel chains, the tourist industry and millions of innocent civilians.

This in turn will lead to the appropriation of real assets by powerful financial interests. The fear campaign has once again gone into high gear.

Official statistics based on faulty and manipulated estimates of so-called "confirmed" Covid positive cases constitute the basis for justifying these diabolical lockdown measures.

'V The Virus' is presented as 'The Threat'
But the Virus has no direct impact on key economic variables

What is at stake is unprecedented: It's a global neoliberal agenda carried out by corrupt governments on behalf of the financial establishment. Common sense tells us that the closure of the global economy destroys people's lives. Disrupting the fear campaign constitutes the first step towards reversing the tide.

"There is No Cure"
Suppression of Hydroxychloroquine (HCQ)
A Cheap and Effective Drug

There is an ongoing battle to suppress Hydroxychloroquine (HCQ), a cheap and effective drug for the treatment of Covid-19. The campaign against HCQ is carried out through slanderous political statements, media smears, not to mention an authoritative peer reviewed "evaluation" published on May 22nd by The Lancet, which was based on fake figures and test trials. The study was allegedly based on data analysis of 96,032 patients hospitalized with COVID-19 between December 20th, 2019, and April 14th, 2020 from 671 hospitals Worldwide. The database had been fabricated. The objective was to kill the Hydroxychloroquine (HCQ) cure on behalf of Big Pharma. While The Lancet article was retracted, the media casually blamed "*a tiny US based company*" named Surgisphere whose employees included "*a sci-fi writer and adult content model*" for spreading "flawed data" (Guardian). This Chicago based outfit was accused of having misled both the WHO and national governments, inciting them to ban HCQ. None of those trial tests actually took place. While the blame was placed on Surgisphere, the unspoken truth—which neither the scientific community nor the media have acknowledged—is that the study was coordinated by Harvard professor Mandeep Mehra under the auspices of Brigham and Women's Hospital (BWH) which is a partner of the Harvard Medical School. When the scam was revealed, Dr. Mandeep Mehra who holds the Harvey Distinguished Chair of Medicine at Brigham and Women's Hospital apologized:

> *"I have always performed my research in accordance with the highest ethical and professional guidelines. However, we can never forget the responsibility we have as researchers to scrupulously ensure that we rely on data sources that adhere to our high standards. It is now clear to me that in my hope to contribute this research during a time of great need, I did not do enough to ensure that the data source was appropriate for this use. For that, and for all the disruptions—both directly and indirectly—I am truly sorry."*
>
> ~Mandeep R. Mehra, MD, MSC (official statement on BWH website)

But that "truly sorry" note was just the tip of the iceberg. Why? The Studies respectively on Gilead Science's Remdesivir and on Hydroxychloroquine (HCQ) were conducted simultaneously by Brigham and Women's Hospital (BWH). While The Lancet report (May 22nd, 2020) coordinated by Dr. Mandeep Mehra was intended "to kill" the legitimacy of HCQ as a cure of Covid-19, another important (related) study was being carried out (concurrently) at BWH pertaining to Remdesivir on behalf of Gilead Sciences Inc. Dr. Francisco Marty, a specialist in Infectious Disease and Associate Professor at Harvard Medical School was entrusted with coordination of the clinical trial tests of the antiviral medication Remdesivir under Brigham's contract with Gilead Sciences Inc: Brigham and Women's Hospital began enrolling patients in two clinical trials for Gilead's antiviral medication remdesivir. The Brigham is one of multiple clinical trial sites for a Gilead-ini-

tiated study of the drug in 600 participants with moderate coronavirus disease (COVID-19) and a Gilead-initiated study of 400 participants with severe COVID-19.

"*If the results are promising, this could lead to FDA approval, and if they aren't, it gives us critical information in the fight against COVID-19 and allows us to move on to other therapies*." While Dr. Mandeep Mehra was not directly involved in the Gilead Remdesivir BWH study under the supervision of his colleague Dr. Francisco Marty, he nonetheless had contacts with Gilead Sciences Inc: "*He participated in a conference sponsored by Gilead in early April 2020 as part of the Covid-19 debate*" (France Soir, May 23rd, 2020).

What was the intent of his (failed) study? To undermine the legitimacy of Hydroxychloroquine? According to France Soir, in a report published after The Lancet Retraction: The often evasive answers produced by Dr Mandeep R. Mehra, professor at Harvard Medical School, did not produce confidence, fueling doubt instead about the integrity of this retrospective study and its results (France Soir, June 5, 2020).

Was Dr. Mandeep Mehra in conflict of interest? That is a matter for BWH and the Harvard Medical School to decide upon.

Who are the Main Actors?

Dr. Anthony Fauci, advisor to Donald Trump, portrayed as "*America's top infectious disease expert*" has played a key role in smearing the HCQ cure which had been approved years earlier by the CDC as well as providing legitimacy to Gilead's Remdesivir. Dr. Fauci has been the head of the National Institute of Allergy and Infectious Diseases (NIAID) since the Reagan administration. He is known to act as a mouthpiece for Big Pharma. Dr. Fauci launched Remdesivir in late June. According to Fauci, Remdesivir is the "*corona wonder drug*" developed by Gilead Science Inc. It's a $1.6 billion dollar bonanza.

Gilead Sciences Inc: History

Gilead Sciences, Inc., is a multibillion dollar bio-pharmaceutical company which is now involved in developing and marketing Remdesivir. Gilead has a long history. It has the backing of major investment conglomerates including the Vanguard Group and Capital Research & Management Co, among others. It has developed strong ties with the US Government.

In 1999 Gilead Sciences, Inc., developed Tamiflu (used as a treatment of seasonal influenza and bird flu). At the time, Gilead Sciences, Inc., was headed by Donald Rumsfeld (1997-2001), who later joined the George W. Bush administration as Secretary of Defense (2001-2006). Rumsfeld was responsible for coordinating the illegal and criminal wars on Afghanistan (2001) and Iraq (2003). Rumsfeld maintained his links to Gilead Sciences Inc., throughout his tenure as Secretary of Defense (2001-2006). According to CNN Money (2005): "*The prospect of a bird flu outbreak … was very good news for Defense Secretary Donald Rumsfeld [who still owned Gilead stocks] and other politically connected investors in Gilead Sciences*".

Anthony Fauci has been in charge of the NIAID since 1984, using his position as "a go between" the US government and Big Pharma. During Rumsfeld's tenure as Secretary of Defense, the budget allocated to bio-terrorism increased substantially, involving contracts with Big Pharma including Gilead Sciences Inc. Anthony Fauci considered that the money allocated to bio-terrorism in early 2002 would: "*accelerate our understanding of the biology and pathogenesis of microbes that can be used in attacks, and the biology of the microbes' hosts — human beings and their immune systems. One result should be more effective vaccines with less toxicity*." (Washington Post report). In 2008, Dr. Anthony Fauci was granted the Presidential Medal of Freedom by president George W. Bush "*for his determined and aggressive efforts to help others live longer and healthier lives*."

Gilead's remdesivir improves recovery time of coronavirus patients in NIH trial

April 29, 2020 at 7:50 am | *Updated April 29, 2020 at 3:48 pm*

By Laurie Mcginley and Christopher Rowland
The Washington Post

The government's first rigorous clinical trial of the experimental drug remdesivir as a coronavirus treatment delivered mixed results to the medical community Wednesday — but rallied stock markets and raised hopes that an early weapon to help some patients was at hand.

The 2020 Gilead Sciences Inc Remdesivir Project
We will be focussing on key documents (and events): Chronology

• February 21: Initial Release pertaining to NIH-NIAID Remdesivir placebo test trial
• April 10: The Gilead Sciences Inc study published in the NEJM on the "Compassionate Use of Remdesivir"
• April 29: NIH Release: Study on Remdesivir (Report published on May 22 in NEJM)
• May 22, The BWH-Harvard Study on Hydroxychloroquine coordinated by Dr. Mandeep Mehra published in The Lancet
• May 22, Remdesivir for the Treatment of Covid-19 — Preliminary Report National Institute of Allergy and Infectious Diseases, NIH, New England Journal of Medicine, (NEJM)

• June 5: The (fake) Lancet Report (May 22) on HCQ is Retracted
• June 29, Fauci announcement. The $1.6 Billion Remdesivir HHS Agreement with Gilead Sciences Inc URL
• April 10: The Gilead Sciences Inc. study published in the NEJM on the "Compassionate Use of Remdesivir"
A Gilead sponsored report was published in The New England Journal of Medicine in an article entitled "*Compassionate Use of Remdesivir for Patients with Severe Covid-19*". It was co-authored by an impressive list of 56 distinguished medical doctors and scientists, many of whom were recipients of consulting fees from Gilead Sciences, Inc.

Gilead Sciences, Inc., funded the study which included several staff members as co-authors. The testing included a total of 61 patients [who] received at least one dose of remdesivir on or before March 7th, 2020; 8 of these patients were excluded because of missing postbaseline information (7 patients) and an erroneous remdesivir start date (1 patient) … Of the 53 remaining patients included in this analysis, 40 (75%) received the full 10-day course of remdesivir, 10 (19%) received 5 to 9 days of treatment, and 3 (6%) fewer than 5 days of treatment. The NEJM article states that "*Gilead Sciences, Inc., began accepting requests from clinicians for compassionate use of remdesivir on January 25th, 2020*". From whom, From Where? According to the WHO (January 30th, 2020) there were 86 cases in 18 countries outside China of which 5 were in the US, 5 in France and 3 in Canada. Several prominent physicians and scientists have cast doubt on the Compassionate Use of Remdesivir study conducted by Gilead, focussing on the small size of the trial. Ironically, the number of patients in the test is less that the number of co-authors: "53 patients" versus "56 co-authors". Below we provide excerpts of scientific statements on the Gilead NEJM project published immediately following the release of the NEJM article:

"*Compassionate use' is better described as using an unlicensed therapy to treat a patient because there are no other treatments available. Research based on this kind of use should be treated with extreme caution because there is no control group or randomisation, which are some of the hallmarks of good practice in clinical trials.*"

~Prof Duncan Richard, Clinical Therapeutics, University of Oxford

"*It is critical not to over-interpret this study. Most importantly, it is impossible to know the outcome for this relatively small group of patients had they not received remdesivir.*"

~Dr Stephen Griffin, Associate Professor, School of Medicine, University of Leeds

"*The research is interesting but doesn't prove anything at this point: the data are from a small and uncontrolled study.*"

~Simon Maxwell, Professor of Clinical Pharmacology and Prescribing, University of Edinburgh

"*The data from this paper are almost uninterpretable. It is very surprising, perhaps even unethical, that the New England Journal of Medicine has published it. It would be more appropriate to publish the data on the website of the pharmaceutical company that has sponsored and written*

Gilead's COVID-19 Treatment Remdesivir Will Cost $3,120 for Typical U.S Patient With Private Insurance

up the study. At least Gilead have been clear that this has not been done in the way that a high quality scientific paper would be written."

~Prof Stephen Evans, Professor of Pharmacoepidemiology, London School of Hygiene & Tropical Medicine

"*It's very hard to draw useful conclusions from uncontrolled studies like this particularly with a new disease where we really don't know what to expect and with wide variations in outcomes between places and over time. One really has to question the ethics of failing to do randomisation – this study really represents more than anything else, a missed opportunity.*"

~Prof Adam Finn, Professor of Paediatrics, University of Bristol

April 29th: The National Institutes of Health (NIH) Study on Remdesivir

On April 29th following the publication of the Gilead Sciences, Inc., Study in the NEJM on April 10th, a press release of the National Institutes of Health (NIH) on Remdesivir was released. The full document was published on May 22nd, by the NEJM under the title:

Remdesivir for the Treatment of Covid-19—Preliminary Report (NEJM)

The study had been initiated on February 21st, 2020. The title of the April 29th Press Release

Research | Open Access | Published: 22 August 2005

Chloroquine is a potent inhibitor of SARS coronavirus infection and spread

Martin J Vincent, Eric Bergeron, Suzanne Benjannet, Bobbie R Erickson, Pierre E Rollin, Thomas G Ksiazek, Nabil G Seidah & Stuart T Nichol

Virology Journal **2**, Article number: 69 (2005) | Cite this article

279k Accesses | **248** Citations | **28322** Altmetric | Metrics

was: "Peer-reviewed data shows remdesivir for COVID-19 improves time to recovery". It's a government sponsored report which includes preliminary data from a randomized trial involving 1063 hospitalized patients. The results of the trial labelled Adaptive COVID-19 Treatment Trial (ACTT) are preliminary, conducted under the helm of Dr. Fauci's National Institute of Allergy and Infectious Diseases (NIAID):

An independent data and safety monitoring board (DSMB) overseeing the trial met on April 27th to review data and shared their interim analysis with the study team. Based upon their review of the data, they noted that remdesivir was better than placebo from the perspective of the primary endpoint, time to recovery, a metric often used in influenza trials. Recovery in this study was defined as being well enough for hospital discharge or returning to normal activity level. Preliminary results indicate that patients who received remdesivir had a 31% faster time to recovery than those who received placebo ($p<0.001$). Specifically, the median time to recovery was 11 days for patients treated with remdesivir compared with 15 days for those who received placebo. Results also suggested a survival benefit, with a mortality rate of 8.0% for the group receiving remdesivir versus 11.6% for the placebo group ($p=0.059$).

In the NIH's earlier February 21st, 2020 report (released at the outset of the study), the methodology was described as follows: … A randomized, controlled clinical trial to evaluate the safety and efficacy of the investigational antiviral remdesivir in hospitalized adults diagnosed with coronavirus disease 2019 (COVID-19) …

Numbers. Where? When?

The February 21st report confirmed that the first trial participant was "*an American who was repatriated after being quarantined on the Diamond Princess cruise ship*" that docked in Yokohama (Japanese Territorial Waters). "*Thirteen people repatriated by the U.S. State Department from the Diamond Princess cruise ship*" were selected as patients for the placebo trial test. Ironically, at the outset of the study, 58.7% of the "*confirmed cases*" worldwide (542 cases out of 924) (outside China), were on the Diamond Cruise Princess from which the initial trial placebo patients were selected.

Where and When:
The trial test in the 68 selected sites?

That came at a later date because on February 19th (WHO data), the US had recorded only 15 positive cases. "*A total of 68 sites ultimately joined the study—47 in the United States and 21 in countries in Europe and Asia.*" In the final May 22nd NEJM report entitled Remdesivir for the Treatment of Covid-19—Preliminary Report:

There were 60 trial sites and 13 subsites in the United States (45 sites), Denmark (8), the United Kingdom (5), Greece (4), Germany (3), Korea (2), Mexico (2), Spain (2), Japan (1), and Singapore (1). Eligible patients were randomly assigned in a 1:1 ratio to receive either remdesivir or placebo. Randomization was stratified by study site and disease severity at enrollment. The Washington Post applauded Anthony Fauci's announcement (April 29th):

"*The preliminary results, disclosed at the White House by Anthony S. Fauci, … fall short of the magic bullet or cure… But with no approved treatments for Covid-19, [A Lie] Fauci said, it will become the standard of care for hospitalized patients …The data shows that remdesivir has a clear-cut, significant, positive effect in diminishing the time to recovery*," Fauci said.

The government's first rigorous clinical trial of the experimental drug remdesivir as a coronavirus treatment delivered mixed results to the medical community Wednesday — but rallied stock markets and raised hopes that an early weapon to help some patients was at hand. The preliminary results, disclosed at the White House by Anthony Fauci, chief of the National Institute of Allergy and Infectious Diseases, which led the placebo-controlled trial found that the drug accelerated the recovery of hospitalized patients but had only a marginal benefit in the rate of COVID deaths.

Fauci's remarks boosted speculation that the Food and Drug Administration would seek emergency use authorization that would permit doctors to prescribe the drug. In addition to clinical trials, remdesivir has been given to more than 1,000 patients under compassionate use. [also refers to the Gilead study published on April 10th in the NEJM]. The study, involving [more than] 1,000 patients at 68 sites in the United States and around the world (??), offers the first evidence (??) from a large (??), randomized (??) clinical study of remdesivir's effectiveness against COVID-19. The NIH placebo test study provided "preliminary results". While the placebo trial test was "randomized", the overall selection of patients at the 68 sites was not fully randomized.

• May 22: The Controversial (***Retracted***) Lancet Report on Hydroxychloroquine (HCQ). It is worth noting that the full report of the NIH-NIAID, entitled Remdesivir for the Treatment of Covid-19 — Preliminary Report, was released on May 22nd, 2020 in the NEJM, on the same day as the controversial Lancet report on Hydroxychloroquine. Immediately folllowing its publication, the media went into high gear, smearing the HCQ cure, while applauding the NIH-NIASD report released on the same day. Remdesivir, the only drug cleared to treat Covid-19, sped the recovery time of patients with the disease, … "*It's a very safe and effective drug*," said Eric Topol, founder and director of the Scripps Research Translational Institute. "*We now have a definite first efficacious drug for Covid-19, which is a major step forward and will be built upon with other drugs, [and drug] combinations*."

When the Lancet HCQ article by Bingham-Harvard was retracted on June 5th, it was too late, it received minimal media coverage. Despite the Retraction, the HCQ cure "*had been killed*".

• June 29: The Fauci Greenlight. The $1.6 Billion Dollar Remdesivir Contract with Gilead Sciences, Inc. Dr. Anthony Fauci granted the "Greenlight" to Gilead Sciences, Inc., on June 29th, 2020. The

semi-official US government NIH-NIAID sponsored report (May 22nd) entitled Remdesivir for the Treatment of Covid-19 — Preliminary Report (NEJM) was used to justify a major agreement with Gilead Sciences Inc. (A Final Report was Released on November 5th, 2020). The Report was largely funded by the National Institute of Allergy and Infectious Diseases (NIAID) headed by, who else, Dr. Anthony Fauci and the National Institutes of Health (NIH).

• On June 29th, based on the findings of the NIH-NIAID Report published in the NEJM, the Department of Health and Human Services (HHS) announced on behalf of the Trump Administration an agreement to secure large supplies of the remdesivir drug from Gilead Sciences Inc., for the treatment of Covid-19 in America's private hospitals and clinics. The earlier Gilead study based on scanty test results published in the NEJM (April 10th), of 53 cases (and 56 co-authors) was not highlighted. The results of this study had been continually questioned by several prominent physicians and scientists.

Who will be able to afford Remdesivir?

500,000 doses of Remdesivir are envisaged at $3,200 per patient, namely $1.6 billion dollars (see the study by Elizabeth Woodworth). The Drug was also approved for marketing in the European Union under the brandname Veklury. If this contract is implemented as planned, it represents for Gilead Science, Inc., and the recipient US private hospitals and clinics a colossal amount of money. According to The Trump Administration's HHS Secretary Alex Azar (June 29th, 2020):

"*To the extent possible, we want to ensure that any American patient who needs remdesivir can get it. [at $3200] The Trump Administration is doing everything in our power to learn more about life-saving therapeutics for COVID-19 and secure access to these options for the American people.*"

The Covid-19 Numbers Game: The "Second Wave" is Based on Fake Statistics

Remdesivir versus Hydroxychloroquine (HCQ) Careful Timing

The Lancet study (published on May 22nd, 2020 and subsequently retracted) was intended to undermine the legitimacy of Hydroxychloroquine as an effective cure to Covid-19, with a view to sustaining the $1.6 billion agreement between the HHS and Gilead Sciences, Inc., on June 29th. The legitmacy of this agreement rested on the May 22nd NIH-NIAID study in the NEJM which was considered "preliminary".

What Dr. Fauci failed to acknowledge is that ***Chloroquine had been "studied" and tested fifteen years ago by the CDC as a drug to be used against coronavirus infections*** [Emphasis mine]. And that Hydroxychloroquine has been used in the course of 2020 in the treatment of Covid-19 in several countries, according to the Virology Journal (2005):

"*Chloroquine is a potent inhibitor of SARS coronavirus infection and spread*". It was used in the SARS-1 outbreak in 2002. It had the endorsement of the CDC. HCQ is not only effective, it is "inexpensive" when compared to Remdesivir, at an estimated "$3,120 for a US Patient with private insurance".



Concluding Remarks

The Gilead Sciences, Inc., Remdesivir study (50+ authors) was published in the New England Journal of Medicine (April 10th, 2020). It was followed by the NIH-NIAID Remdesivir for the Treatment of Covid-19 — Preliminary Report on May 22nd, 2020 in the NEJM. And on that same day, May 22nd, the report on Hydroxychloroquine coordinated by BWH-Harvard Dr. Mehra was published by The Lancet (which was subsequently retracted). Harvard Medical School and the BWH bear responsibility for having hosted and financed the Lancet report on HCQ coordinated by Dr. Mandeep Mehra.

Is there conflict of interest?

BWH was simultaneously involved in a study on Remdesivir in a contract with Gilead Sciences, Inc. While the Lancet report coordinated by Harvard's Dr. Mehra was retracted, it nonetheless served the interests of Gilead Sciences Inc. It is important that an independent scientific and medical assessment be undertaken, respectively of the Gilead Sciences Inc New England Journal of Medicine (NEMJ) peer reviewed study (April 10th, 2020) as well as the NIH-NIAID study also published in the NEJM (May 22nd, 2020).

Big Pharma's Covid Vaccine

The plan to develop the Covid-19 vaccine is profit driven. The US government had already ordered 100 million doses back in July 2020 and the EU is to purchase 300 million doses. It's Big Money for Big Pharma, generous payoffs to corrupt politicians, at the expense of tax payers.

The objective is ultimately to make money, by vaccinating the entire planet of 7.8 billion people for SARS-CoV-2. Ivermectin, an old, cheap, repurposd drug and a proven treatment for COVID as well as a prophylaxis for COVID, requiring just two doses and used by 60% of Sub-Saharan Africa every year, was buried. The Covid vaccine in some cases envisages more than one shot, doubling profits. If this initiative were to go ahead as planned, it would be the largest vaccine project in World history and the biggest money making operation for Big Pharma or any corporation in the history of humankind.

The fake Second Wave of the pandemic commenced in October 2020. The Pfizer Moderna corona vaccine was launched in early November 2020. Worldwide, people are led to believe that the corona vaccine is a solution. And that "normality" will then be restored. This is not true.

How is it that a vaccine for the SARS-CoV-2 virus, which under normal conditions would take years to develop, was promptly launched on the 9th of November? Moreover, the vaccine announced by Pfizer and Moderna is based on an experimental gene editing mRNA technology which has a bearing on the human genome. Coupled with the vaccine initiative is the development of a so-called digital passport which will be imposed on entire populations. And why do we need a vaccine for Covid-19 when the WHO, the US Center for Disease Control and Prevention (CDC) as well as numerous scientists have confirmed unequivocally that Covid-19 is "*similar to seasonal influenza*".

The Drive to Develop a Corona Vaccine is Profit

It would appear that the standard lab tests using ferrets and mice will not be conducted. Pfizer has "*gone straight to human "guinea pigs.*"" … (See Incisive analysis by F. William Engdahl, Global Research, November 2020).

"*Human tests began in late July and early August [2020]. Three months is unheard of for testing a new vaccine. Several years is the norm.*"

Dr. Michael Yeadon, a former Vice President of Pfizer has taken a firm stance: "*All vaccines against the SARS-COV-2 virus are by definition novel. No candidate vaccine has been… in development for more than a few months. If any such vaccine is approved for use under any circumstances that are not EXPLICITLY experimental, I believe that recipients are being misled to a criminal extent.*"

In early December, Dr Michael Yeadon together with Dr. Wolfgang Wodarg "filed an application with the EMA, the European Medicine Agency responsible for EU-wide drug approval, for the immediate suspension of all SARS CoV 2 vaccine studies, in particular the BioNtech/Pfizer study on BNT162b (EudraCT number 2020-002641-42). It is important to review the complex history of the novel vaccine.

History of the SARS-CoV-2 Vaccine Project

There are many contradictions. The analysis below addresses the earlier stages of the vaccine project as well as the role of the "201 Simulation" under the auspices of the John Hopkins School of Medicine held in New York on October 19th, 2019. The Covid vaccine is a multibillion dollar Big Pharma operation which will contribute to increasing the public debt of more than 150 national governments. Supported by the fear campaign, money rather than Public Health is the driving force behind this initiative.

The GSK-Pfizer Partnership

Five months before the onset of the Covid-19 crisis, two of the largest Worldwide Pharma conglomerates decided to join hands in a strategic relationship. In August 2019, GSK confirmed the formation of a major partnership with Pfizer entitled the Consumer Health Joint Venture. While the relationship is said to be limited to "trusted consumer health brands", the agreement envisages joint financial procedures including joint multibillion dollar investment projects. While it does not constitute a merger, the GSK-Pfizer alliance implies selective integration and de facto collusion in many of the two companies' activities including the vaccine market. "*The completion of the joint venture with Pfizer marks the beginning of the next phase of our transformation of GSK. This is an important moment for the Group, laying the foundation for two great companies, one in Pharmaceuticals and Vaccines and one in Consumer Health.*" (GSK, August 1, 2019).

This GSK-Pfizer relationship also encompasses a network of partner pharmaceutical companies, research labs, virology institutes, military and biotech entities, etc., many of which are currently involved in the Covid vaccine initiative.

At present, a handful of multinational companies including GSK and Pfizer control 80% of the global vaccine market. Under the agreement between the two companies, GSK-Pfizer is slated to play a dominant and coordinated role in regards to the Covid-19 vaccine.

The October 2019 Coronavirus Event 201 Simulation Exercise

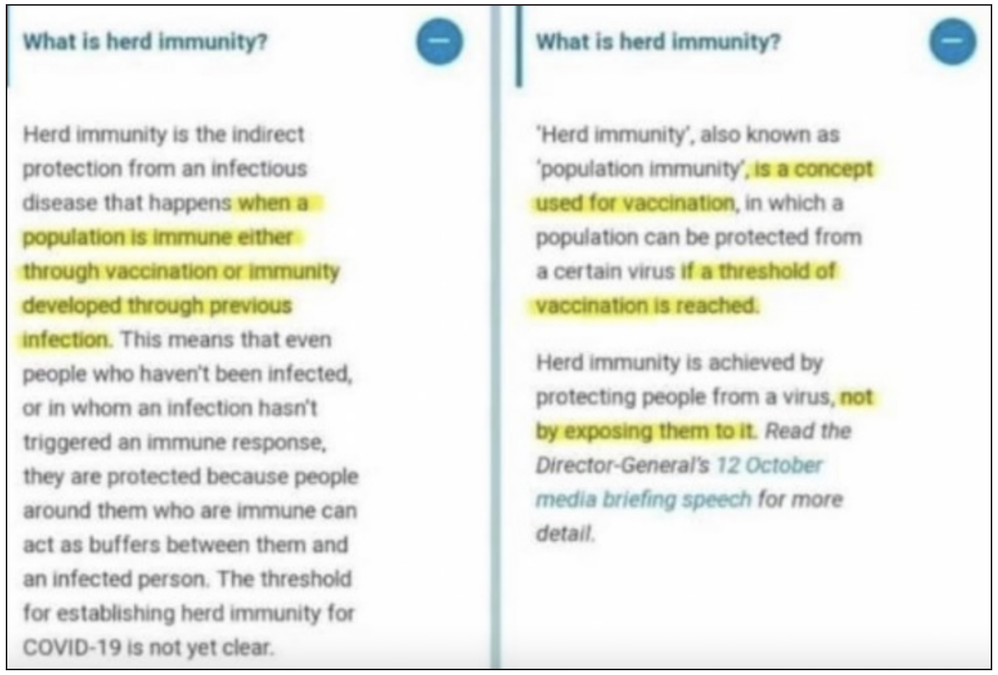
The coronavirus was initially named nCoV-19 by CEPI and the WHO: exactly the same name as that adopted in the WEF-Gates-John Hopkins "Event 201" (2019-nCov) pertaining to a coronavirus simulation exercise held in Baltimore in mid-October 2019.

The "Event 201" John Hopkins simulation addressed the development of an effective vaccine in response to millions of cases (in the October 2019 simulation) of the 2019 nCoV. The simulation announced a scenario in which the entire population of the planet would be affected: "*During the initial months of the pandemic, the cumulative number of cases [in the simulation] increases*

exponentially, doubling every week. And as the cases and deaths accumulate, the economic and societal consequences become increasingly severe."

The scenario ends at the 18-month point, with 65 million deaths. The pandemic is beginning to slow due to the decreasing number of susceptible people. The pandemic will continue at some rate until there is an effective vaccine or until 80-90 % of the global population has been exposed. From that point on, it is likely to be an endemic childhood disease. According to the WEF Video, produced in relation to the 201 Simulation, "*we ran a massive viral pandemic simulation, 65 million deaths Worlwide.*"

Ironically, on January 30th, 2020, the WHO defined the new virus as 2019-nCoV, i.e. the same name as that used in the 201 simulation in October 2019. It was only later that Covid-19 was identified by the WHO not as a virus but as a disease: coronavirus disease (COVID-19), the Virus was identified as "*severe acute respiratory syndrome*" coronavirus 2 (SARS-CoV-2). Two weeks after the virus had been formally identified by the People's Republic of China (January 7th, 2020), a vaccine for the novel coronavirus was announced by CEPI at the Davos World Economic Forum, January 20-24, 2020.

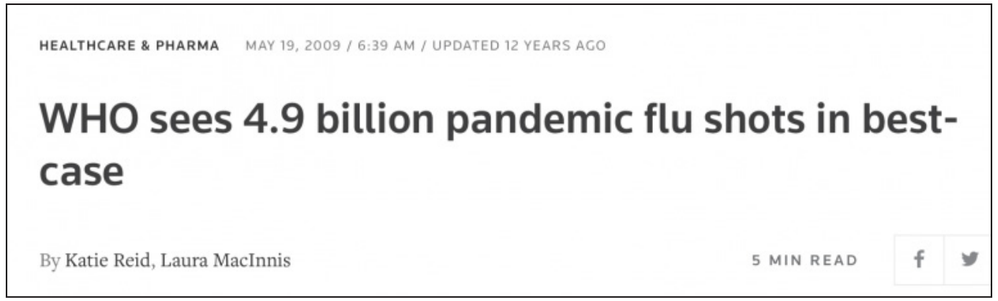


The Central Role of the Coalition for Epidemic Preparedness Innovations (CEPI)

The lead entity for the novel coronavirus vaccine initiative is the Coalition for Epidemic Preparedness Innovations (CEPI) an organization sponsored and financed by the World Economic Forum (WEF) and the Bill and Melinda Gates Foundation. Note the chronology: The development of the 2019 nCoV vaccine was announced at the Davos World Economic Forum (WEF) a week prior to the official launching by the WHO of a Worldwide Public Health Emergency (January 30th) at a time when the number of "confirmed cases" worldwide (outside China) was 83. The pandemic was launched by the WHO on March 11th. And five days later, barely covered by the media, the first tests involving human volunteers were conducted by Moderna in Seattle on March 16th. According to Richard Hatchett, CEO of the Coalition for Epidemic Preparedness Innovations (CEPI) the project to develop a vaccine commenced not only prior to the discovery and identification of the coronavirus (January 7th, 2020) but several months prior to the October 2019 simulation exercise:

"We did that in the last year or so [early 2019]. … "

CEPI is seeking a "monopoly" role in the vaccination business the objective of which is a "global vaccine project", in partnership with a large number of "candidates". It announced funding for its existing partnership with Inovio and The University of Queensland (Australia). In addition, CEPI confirmed (January 23rd) its contract with Moderna, Inc. and the U.S. National Institute


HEALTHCARE & PHARMA MAY 19, 2009 / 6:39 AM / UPDATED 12 YEARS AGO

WHO sees 4.9 billion pandemic flu shots in best-case

By Katie Reid, Laura MacInnis 5 MIN READ

of Allergy and Infectious Diseases (NIAID) headed by Dr. Anthony Fauci, who has been instrumental in waging the fear and panic campaign across America: "*Ten Times Worse than Seasonal Flu*". CEPI was dealing simultaneously with several pharmaceutical companies. The Moderna-NIAID agreement was implemented. The mRNA COVID-19 vaccine was launched in the US in late November 2020. On January 31st, 2020, the day following the WHO's official launching of the global public health emergency (PHEIC) and Trump's decision to curtail air travel with China, CEPI announced its partnership with CureVac AG, a German-based biopharmaceutical company. A few days later, in early February 2020, CEPI "a*nnounced that major vaccine manufac-*

GENEVA (Reuters) - Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario, the head of the World Health Organization said on Tuesday, as rich and poor countries grappled over limited supplies.



United Nations Secretary-General Ban Ki-moon (R) listens to WHO Director-General Margaret Chan (C) during a visit to the Strategic Health Operations Centre (SHOC) room at the World Health Organization (WHO) headquarters in Geneva, May 19, 2009. REUTERS/Christopher Balck/WHO/Handout

turer GSK would allow its proprietary adjuvants—compounds that boost the effectiveness of vaccines—to be used in the response". (The pandemic was officially launched on March 11th, 2020). There were many "*potential vaccines in the pipeline*" with "dozens of research groups around the world racing to create a vaccine against COVID-19".

The COVID-19 Global Vaccination Program

CEPI (on behalf of Gates-WEF, which funded the 201 simulation exercise) is currently playing a key role in a large scale Worldwide vaccination program in partnership with biotech companies, Big Pharma, government agencies as well as university laboratories. The foregoing statement by CEPI was made nearly two months prior to the official declaration of a pandemic on March 11th, 2020.

PACE to prepare report on the handling of the Swine Flu pandemic

26/01/2010 11:02:52 SOCIAL AFFAIRS, HEALTH AND SUSTAINABLE DEVELOPMENT

"Are decisions on pandemics taken on the best scientific evidence only?" was the question asked at a January public hearing of PACE's Committee on Social, Health and Family Affairs which looked into the handling of the H1N1 pandemic. The World Health Organisation's flu chief defended his organisation, saying its advice was not improperly influenced by the pharmaceutical industry.

The committee now intends to hold a second public hearing in Paris, with the participation of government officials who dealt with the pandemic. Rapporteur Paul Flynn (United Kingdom, SOC) is also due to visit the WHO's headquarters in Geneva. His report should be available at the end of April, for a possible plenary debate in June.

"*We're having conversations with a broad array of potential partners*". And critical to those conversations is: What's the plan to make very large quantities of vaccine within a time frame that is potentially relevant to what people seem to be increasingly certain will be a pandemic, if it isn't already there? [Richard Hatchett, CEPI CEO in interview with stat.news.com]. The underlying focus was to develop a global vaccine: And part of that was doing a global survey of manufacturing capacity to think about where we wanted to plant the manufacturing of any successful products we were able to bring forward. Of significance, Hatchett confirmed that the project to develop a vaccine commenced not only prior to the discovery and identification of the coronavirus (January 7th, 2020) but several months prior to the October 2019 201 simulation exercise.

At rare trial of alleged vaccine side effects, parents say H1N1 flu shot killed 5-year-old daughter

In 2009, Governments faced major pressure to procure the vaccine and administer it widely, but at the same time there were concerns about its safety

"*We did that in the last year or so. [early 2019]… We are using the information that we have collected and have that team now thinking about opportunities for scaling vaccines of various different types. That is a work in progress. For some of the technologies the tech transfer [to a manufacturer] may be something that could be done in a time frame that was pertinent to the epidemic, potentially.*"

I think it is going to be really important to engage those folks who have access to really substantial production capacity. And having the big producers at the table—because of their depth, because of their experience, because of their internal resources—would be very, very important.

The candidate vaccines will be very, very quick. Dr. Anthony Fauci, director of NIAID [who has been spreading panic on network TV], is out in public as saying he thinks the clinical trial for the Moderna vaccine may be as early as the spring. What is now unfolding in real life is in some regards similar to the October 2019 "201 Simulation Exercise" at John Hopkins.

The scenario is how to produce millions of vaccine shots on the presumption that the pandemic will spread Worldwide, and for that you need the Covid-19 "positive cases" to go fly high. The CEPI sponsored vaccine conglomerates had already planned their investments well in advance of the global Worldwide health emergency, declared by the WHO on January 30th, 2020.

I [Hachett] think part of the general strategy is to have a large number of candidates [and] you want to have enough candidates that at least some of them are moving rapidly through the process. And then for each candidate, you need to ask yourself the question: How do you produce that? … [And] how are you going to get to that point with production at a scale that is meaningful in the context of a disease that is going to infect the whole of society?
(Interview conducted by Helen Branswell, statsnews, February 3rd, 2020)

Moderna, Inc.

Moderna, Inc., based in Seattle, Washington, USA, was one of the several candidates involved and supported by CEPI. Moderna announced on February 24th, 2020, the development of "an experimental mRNA COVID-19 vaccine, known as mRNA-12731.

"*The initial batch of the vaccine has already been shipped to U.S. government researchers from the National Institute of Allergy and Infectious Diseases (NIAID)*" headed by Dr. Antony Fauci. While Moderna Inc., initially stated that the first clinical trials would commence in late April, tests involving human volunteers started in mid-March in Seattle: (bear in mind the pandemic was officially launched on March 11th).

Researchers in Seattle gave the first shot to the first person in a test of an experimental coronavirus vaccine Monday — leading off a worldwide hunt for protection even as the pandemic surges. Some of the study's carefully chosen healthy volunteers, ages 18 to 55, will get higher dosages than others to test how strong the inoculations should be.

Scientists will check for any side effects and draw blood samples to test if the vaccine is revving up the immune system, looking for encouraging clues like the NIH earlier found in vaccinated mice.

"*We don't know whether this vaccine will induce an immune response, or whether it will be safe. That's why we're doing a trial*," Jackson stressed. "*It's not at the stage where it would be possible or prudent to give it to the general population.*" (FOX news local).

The Covid Vaccine and the ID2020 Digital Identity Platform

While CEPI had announced the launching of a global vaccine at the Davos World Economic Forum, another important and related endeavor was underway. It's called the ID2020 Agenda, which, according to Peter Koenig constitutes "*an electronic ID program that uses generalized vaccination as a platform for digital identity*".

"*The program harnesses existing birth registration and vaccination operations to provide newborns with a portable and persistent biometrically-linked digital identity*" (Peter Koenig, March 2020). The founding Partners of ID2020 are Microsoft, the Rockefeller Foundation and the Global Alliance for Vaccines and Immunization (GAVI) among others. It is worth noting the timeline: The ID2020 Alliance held their Summit in New York, entitled "Rising to the Good ID Challenge", on September 19th, 2019, exactly one month prior to nCov-2019 simulation exercise entitled "Event 201" at John Hopkins in New York.



Is it just a coincidence that ID2020 is being rolled out at the onset of what the WHO calls a Pandemic? Or is a pandemic needed to 'roll out' the multiple devastating programs of ID2020? (Peter Koenig, March 2020).

ID2020 is part of a "World Governance" project which, if applied, would roll out the contours of what some analysts have described as a Global Police State encompassing through vaccination the personal details of several billion people Worldwide. According to Dr. David Martin (quoted by Makia Freeman): "*This is not a vaccine … using the term vaccine to sneak this thing under public health exemptions … This is a mRNA pack-*

aged in a fat envelope that is delivered to a cell. It is a medical device designed to stimulate the human cell into becoming a pathogen creator. It is not a vaccine! Vaccines actually are a legally defined term … under public health law … under CDC and FDA standards, and a vaccine specifically has to stimulate both an immunity within the person receiving it, but it also has to disrupt transmission."

In the Wake of the Lockdown Comes The Second Wave



Compliance with containment measures to the COVID-19 pandemic over time: Do antisocial traits matter?

Fabiano Koich Miguel [a] ✉, Gisele Magarotto Machado [b], Giselle Pianowski [b], Lucas de Francisco Carvalho [b] ✉

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Highlights

- First empirical report of findings from a Latin American country on antisocial traits associated with compliance with containment measures.
- Lower levels of empathy and higher levels of Callousness, Deceitfulness, and Risk-taking are associated with lower compliance with containment measures.
- The increase in COVID-19 cases in the country are not associated with people's adherence to containment measures.

The Second Wave: The fear campaign continues in the wake of the lockdown. A new lockdown is unfolding (December-January) in several countries. Will the hardships of the economic and social crisis (coupled with a fear campaign) encourage people to get vaccinated?

To implement the Global Vaccine, the propaganda campaign must continue. The Truth must be suppressed. These are their "guidelines", which must be confronted and challenged. Several governments (aka corrupt politicians) including the US, UK, France, Germany, Canada as well as India have already provided the green light. Information and analysis on the features of the virus (similar to seasonal influenza) is being suppressed by the media. While Hydroxychloroquine (HCQ) has been used to treat patients in both Europe and North America, Big Pharma with the support of the governments is intent upon suppressing evidence on how COVID-19 can be cured, without the need of a vaccine.'

The Covid Vaccine and "Herd Immunity": Changing the Definitions

Herd immunity is an important concept in medicine. According to Healthline: "*It happens when so many people in a community become immune to an infectious disease that it stops the disease from spreading. This can happen in two ways:*

1. *Many people contract the disease and in time build up an immune response to it (natural immunity).*
2. *Many people are vaccinated against the disease to achieve immunity.*"



ELSEVIER

Personality and Individual Differences
Volume 167, 1 December 2020, 110232

Adaptive and maladaptive behavior during the COVID-19 pandemic: The roles of Dark Triad traits, collective narcissism, and health beliefs ☆

Bartłomiej Nowak [a], Paweł Brzóska [a], Jarosław Piotrowski [b], Constantine Sedikides [c], Magdalena Żemojtel-Piotrowska [b] ✉, Peter K. Jonason [b, d]

[a] SWPS University of Social Sciences and Humanities, Poznań Campus, Poland
[b] University of Cardinal Stefan Wyszynski in Warsaw, Poland
[c] University of Southampton, UK
[d] University of Padova, Italy

Received 20 May 2020, Revised 29 June 2020, Accepted 30 June 2020, Available online 15 July 2020.

Herd immunity can work against the spread of some diseases. There are several reasons why it often works. The WHO has redefined herd immunity with a view to supporting the multibillion dollar Covid vaccine initiative:

To our knowledge, the peer reviewed definition of herd immunity has not changed.

The new "definition" of the WHO visibly serves the interests of Big Pharma.

Flashback: The 2009 H1N1 Swine Flu Pandemic

Remember the 2009 H1N1 "pandemic" when Obama's Council of Advisors on Science and Technology compared the H1N1 pandemic to the 1918 Spanish flu pandemic while reassuring the public that the latter was more deadly? (CBC: Get swine flu vaccine ready: U.S. advisers).

Based on incomplete and scanty data, the WHO Director General Margaret Chan predicted with authority that: "*as many as 2 billion people could become infected over the next two years — nearly one-third of the world population.*"
World Health Organization as reported by the Western media, July 2009)

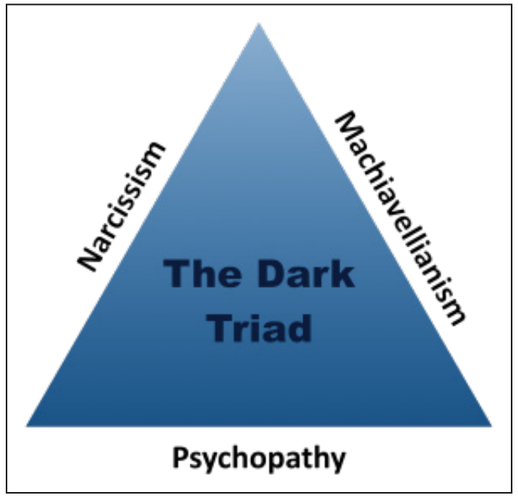
It was a multibillion bonanza for Big Pharma supported by the WHO's Director-General Margaret Chan.

In a subsequent statement Dr. Chan confirmed that:

"*Vaccine makers could produce 4.9 billion pandemic flu shots per year in the best-case scenario*".
Margaret Chan, Director-General, World Health Organization (WHO), quoted by Reuters, July 21st, 2009

"*Swine flu could strike up to 40 percent of Americans over the next two years and as many as several hundred thousand could die if a vaccine campaign and other measures aren't successful.*"
Official Statement of Obama Administration, Associated Press, 24 July 2009

There was no H1N1 pandemic affecting 2 billion people. Millions of doses of swine flu vaccine had been ordered by national governments from Big Pharma.



Millions of vaccine doses were subsequently destroyed: a financial bonanza for Big Pharma, an expenditure crisis for national governments—more accurately, we, the tax payers paid for the unused vaccines.

There was no investigation into who was behind this multibillion dollar fraud. Several critics across the internet stated that the H1N1 Pandemic was "Fake". It wasn't fake but the severe predictions never materialized.

The Parliamentary Assembly of the Council of Europe (PACE), a human rights watchdog, is publicly investigating the WHO's motives in declaring a pandemic.

Indeed, the chairman of its influential health committee, epidemiologist Wolfgang Wodarg, has declared that the "*false pandemic*" is "*one of the greatest medicine scandals of the century*."
~Michael Fomento, Forbes, February 10th, 2010

H1N1 2009 Vaccine Causes Brain Damage to Children: GSK's ArepanrixTD Applied in Canada In Memory of a Little Girl Called Amina Abudu

The WHO's H1N1 pandemic was declared on June 11th, 2009. GSK was on contract to the Canadian government. The GSK's ArepandrixTM vaccine was delivered to Canadian health authorities within less than four months.

"*As a result, an impressive 45% of Canadians received protection from the H1N1 virus by being vaccinated with GSK's ArepanrixTM*" according to GSK'S President-CEO Paul Lucas in a statement on October 9 2009 to Canada's Senate Standing Committee on Social Affairs, Science and Technology. Within four months? Does that give them time to Test????

Lots of people in Canada fell sick after receiving the H1N1 ArepanrixTD vaccine

And that vaccine killed a little girl called Amina Abudu, which then led to a ten year lawsuit against GSK. A vaccine was rushed to market, and the five year old was among millions of Canadians to get the shot, amid widespread fears about the new pathogen. Five days later, Amina's older brother found her lying unconscious in the bathroom of the family's east-end Toronto home. She was dead.

Her devastated parents came to blame the flu shot itself and sued the vaccine's manufacturer, Glaxo Smith Kline (GSK), for $4.2 million. The little-noticed trial of that lawsuit drew toward a close on Tuesday, a rare judicial airing in Canada of a vaccine's alleged side effects.

The parents' lawyer, Jasmine Ghosn, alleged the preventive drug was brought out quickly and without proper testing during a chaotic flu season, as the federal government exerted "intense pressure" on Canadians to get immunized (National Post, November 2019). It took ten years for a judgment. The Family lost. GSK declined responsibility for her death. And the Canadian government reimbursed GSK's legal expenses. That lawsuit against GSK should be reopened. Canada's government bears the burden of responsibility.

ArepanrixTD (2009) vs PandemrixTM (2009)

GSK has casually acknowledged that the ArepanrixTD which was used in Canada is "similar" to the GSK's PandemrixTM applied in the UK and the EU, which led to brain damage in Children. It was subsequently withdrawn. But ArepandrixTD applied in Canada prevailed. An ArepandrixTD (2010) was subsequently released the following year (and compared to PandemrixTD (2009). GSK acknowledges that PandemrixTD (2009) causes narcolepsy, which is categorized as "*a chronic neurological disorder that affects the brain's ability to control sleep-wake cycles*."

COVID-19 Vaccine Is Déjà Vu
Lets Not Be Taken In Again

There are important lessons to be learned from the 2009 H1N1 Pandemic. The COVID-19 "pandemic" is far more serious and diabolical than the 2009 H1N1. The COVID-19 pandemic has provided a pretext and a justification for destabilizing the economies of entire countries, impoverishing large sectors of the World population. Unprecedented in modern history. And it is important that we act cohesively and in solidarity with those who are victims of this crisis.

People's lives are in a freefall and their purchasing power has been destroyed. What kind of twisted social structure awaits us in the wake of the lockdown? Can we trust the World Health Organization (WHO) and the powerful economic interest groups behind it? The answer is obvious. Can we trust the main actors behind the multibillion dollar global vaccination project? Can we trust the Western media which has led the fear campaign? Disinformation sustains the lies and fabrications. Can we trust our "corrupt" governments? Our national economy has been devastated. In recent developments, the Covid vaccine is being implemented in a number of countries. Dr. Wolfgang Wodarg who revealed the fraud behind H1N1 is actively involved together with Dr. Michael Yeadon, ex-VP at Pfizer, in the campaign against the Covid-19 vaccine.

Freedom of Expression
Categorizing The Protest Movement as "Anti-Social"

A diabolical process is underway which consists in "identifying" all those who are opposed to the governments' management of the coronavirus pandemic. According to ongoing psychological studies, these opponents are categorized as "anti-social psychopaths".

The unspoken objective is to shunt the emergence of an organized protest movement pertaining to social engineering and the decision taken Worldwide at a political level to close down the national economies of more than 150 members states of the United Nations.

Free Speech is Suppressed

The lockdown narrative is supported by media disinformation, online censorship, social engineering and the fear campaign. Medical doctors who question the official narrative are threatened. They loose their jobs. Their careers are destroyed. Those who oppose the government lockdown are categorized as "anti-social psychopaths".

In colleges and universities, the teaching staff is pressured to conform and endorse the official covid narrative. Questioning the legitimacy of the lockdown in online "classrooms" could lead to dismissal.

Several medical doctors who oppose the COVID consensus or the vaccine have been arrested. In December, "*Jean-Bernard Fourtillan, a retired university professor known for his opposition to the COVID-19 vaccine was arrested "by law enforcement officers under military command, and forcibly placed in solitary confinement at the psychiatric hospital of Uzès.*" Fourtillan is known as a "*longtime critic of vaccines that use dangerous adjuvants*".



Google and Twitter Censorship

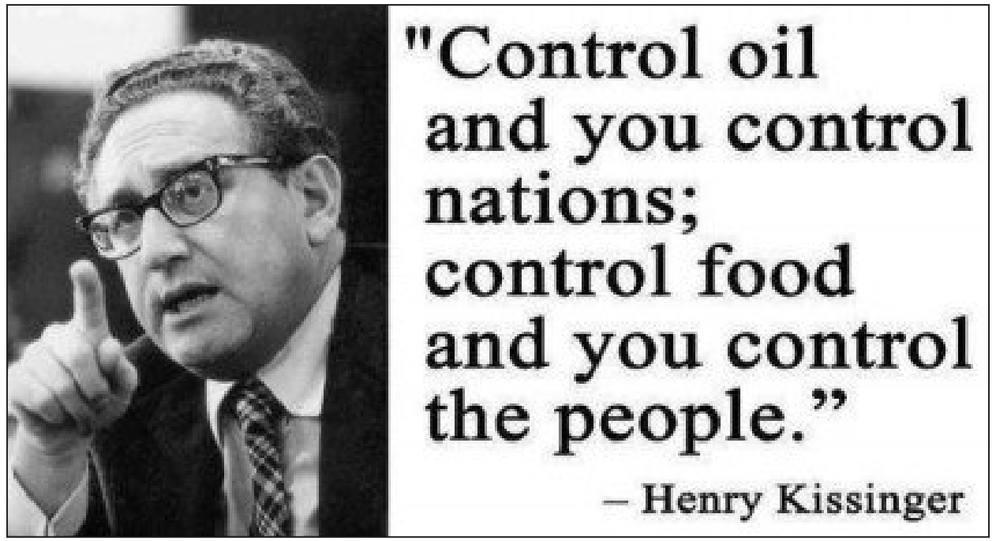
The opinions of prominent scientists who question the lockdown, the face-mask or social distancing are "taken down" by Google:

"*YouTube doesn't allow content that spreads medical misinformation that contradicts the World Health Organization (WHO) or local health authorities' medical information about COVID-19, including on methods to prevent, treat or diagnose COVID-19, and means of transmission of COVID-19.*" Similarly, Twitter has confirmed that "*it will remove all posts that suggest there are 'adverse impacts or effects of receiving vaccinations'…* Twitter will: "*memory-hole any posts that "invoke a deliberate conspiracy" or "advance harmful, false, or misleading narratives' about vaccines.*"

Protest against the "official truth", criticize government guidelines, express reservations regarding the closing down of the global economy, social distancing and the wearing of the face mask, and you will be tagged (according to "scientific opinion") as a "callous and deceitful psychopath".

Psychology: Empirical Studies

Peer reviewed psychological "studies" have been carried out in several countries using sample surveys. Accept the "official narrative" and you are tagged as a "good person" with "empathy" who understands the feelings of others. A so-called peer reviewed "empirical report" describes those who refuse to wear the face mask or abide by social distancing as having "anti-social per-



sonality disorders". Those who "*do not adhere to measures to prevent the spread of COVID-19*" are tagged as "anti-social". The findings of the Brazilian study involving a "sample" of 1,578 adults was published in the journal Personality and Individual Differences under the title: COVID-19 pandemic over time: Do antisocial traits matter?

"Empathy" versus "Anti-social Traits"

The statistical "methodology" of this study is straightforward. It is intended to serve as a model. It consists in categorizing a so-called sample of adults from all major regions of Brazil into two distinct groups. It examines:

"*...the relationships between antisocial traits and compliance with COVID-19 containment measures. The sample consisted of 1578 Brazilian adults aged 18–73 years … and a questionnaire about compliance with containment measures. Latent profile analyses indicated a 2-profile solution: "the antisocial pattern profile which presented higher scores in Callousness, Deceitfulness, Hostility, Impulsivity, Irresponsibility, Manipulativeness, and Risk-taking, as well as lower scores in Affective resonance*"; and "*the empathy pattern profile which presented higher scores in Affective resonance …*"

The antisocial and empathy groups showed significant differences. Our findings indicated that antisocial traits, especially lower levels of empathy and higher levels of Callousness, Deceitfulness, and Risk-taking, are directly associated with lower compliance with containment measures. These traits explain, at least partially, the reason why people continue not adhering to the containment measures even with increasing numbers of cases and deaths.

The research methodology is built around 3 main questions:

1. "Do you think it is necessary to avoid approaching people as much as possible until the coronavirus situation is controlled?" (social distancing),
2. "Do you think it is necessary to wash your hands and/or use alcohol gel as many times a day until the coronavirus situation is controlled?" (hygiene),
3. "Do you think it is necessary to use facemask (that protects nose and mouth) in Brazil?"

Yes/No Categorization

Answer Yes to these Three Questions: you are categorized as having "Empathy" (i.e. the ability to understand and share the feelings of others). Answer No to all Three Questions: you are categorized (according to the study) as having "*higher levels of Callousness, Deceitfulness, Hostility, Impulsivity, Irresponsibility, Manipulativeness, and Risk-taking*" (as quoted above). It all sounds very scientific. The unspoken objective of these psycho-studies is to provide governments with a mandate to intimidate as well as to enforce compliance, while smearing the alleged psychopaths who refuse to conform to the official narrative, which is an outright lie.

"The Dark Triad" and "Collective Narcissism"

According to Eric W. Dolan (PsyPost) the above study consisted in identifying "*a measure of maladaptive personality traits… ".* Dolan also refers to a related study focussing on: "*the "Dark Triad" of narcissism, psychopathy, and Machiavellianism associated with ignoring preventative COVID-19 measures.*"

The study conducted in Poland is entitled: "*Adaptive and maladaptive behavior during the COVID-19 pandemic: The roles of Dark Triad traits, collective narcissism, and health beliefs*". The study refers to the practice of "collective narcissism", namely a common belief and practice by a so-called 'In-Group" (aka protest movement, collective of dissident medical doctors, scientists) directed against the official corona virus "truth" (aka the Big Lie). Collective narcissism is embedded in what psychologists call the Dark Triad. The study is based on "*a nationally representative sample from Poland (N = 755)*". It examines: "*the relationships between the Dark Triad traits (i.e., psychopathy, Machiavellianism, and narcissism) and collective narcissism (i.e., agentic and communal) … Participants characterized by the Dark Triad traits engaged less in prevention …*"

"*The results point to the utility of health beliefs in predicting behaviors during the pandemic, explaining (at least in part) problematic behaviors associated with the dark personalities (i.e., Dark Triad, collective narcissism). … The traits, such as the Dark Triad (i.e., narcissism, Machiavellianism, psychopathy) and collective narcissism … may have implications for how one copes with the virus… For example, individuals characterized by the Dark Triad traits may be less likely to follow governmentally-enforced restrictions related to COVID-19. The Term "Agentic" quoted above refers to "goal-achievement*". And here is the Methodology:

"*We measured the Dark Triad traits (Wave 2) … [also with reference to] the Dark Triad Dirty Dozen scale (Jonason & Webster, 2010). The scale consists of four items assessing individual differences in psychopathy (e.g., "I tend to lack remorse"), narcissism (e.g., "I tend to seek prestige or status"), and Machiavellianism (e.g., "I tend to manipulate others to get my way"). Participants indicated their agreement with each item (1 = strongly disagree, 5 = strongly agree). We averaged responses to create indices of each trait*." Sounds scientific. What are the conclusions?

"*We advanced the scope of the model by illustrating the relevance of dark personality traits in predicting both adaptive and maladaptive behaviors in response to the pandemic by person-focused(i.e., the Dark Triad traits) and group-focused (i.e., collective narcissism) personality traits." The psychological definition of Dark Triad Traits comprises the combined personality traits of narcissism, Machiavellianism, and psychopathy. "They are called "dark" because of their malevolent qualities.*"

The Dark Triad Dirty Dozen (DTDD) consists of a broader "personality inventory" which assesses and measures the three personality components of the Dark Triad. In substance, what this "scientific report" confirms is that people who question the covid-19 official narrative have "malevolent personality disorders". They are said to suffer from the Dirty Dozen "Dark Triad Traits" (DTDD). When they act contiguously within an In-Group or a Protest movement (E.g. The August Mass Rally in Berlin), they are tagged as applying "collective narcissism".

The framework of the above study is also envisaged for other countries in partnership (with the Warsaw group). Another related study is entitled: *"Who complies with the restrictions to reduce the spread of COVID-19?: Personality and perceptions of the COVID-19 situation".*



Strong Words: "Peer Reviewed"?

Psychology is being used in a pernicious way to provide legitimacy to a Police State with a mandate to "*go after*" those who allegedly have Dark Triad "*malevolent personality disorders*".

It's an inquisitorial doctrine, which could eventually evolve towards a digital witch hunt, far more sophisticated than the "Spanish Inquisition".

"*In contrast to the Spanish Inquisition, the contemporary inquisitorial system has almost unlimited capabilities of spying on and categorizing individuals. People are tagged and labeled, their emails, cell phones are monitored, detailed personal data is entered into giant Big Brother data banks. Once this digital cataloging has been completed, people are locked into watertight compartments. Their profiles are established and entered into a computerized system. Law enforcement is systematic. The witch hunt is not only directed against presumed "terrorists" through ethnic profiling, etc., the various human rights, affirmative action, antiwar cohorts are themselves the object of the anti-terrorist legislation and so on. Needless to say, converting or recanting by antiwar heretics is not permitted. Meanwhile war criminals occupy positions of authority. The citizenry is galvanized into supporting rulers, "committed to their safety and well-being", "who are going after the bad guys.*"

Michel Chossudovsky, The Spanish Inquisition, "Made in America", Global Research, December 2004

Are The Billionaires Mentally Deranged? Indeed,They Are!

These empirical psychology studies are meant to be used against citizens who are opposed to the instructions of their respective governments. In turn these governments obey orders from higher up, people with untold riches, power and influence.

While ordinary citizens are tagged, what is increasingly obvious is that the billionaires, "*philanthropists*", corrupt politicians, et al., who are the unspoken architects of the global economic lockdown are psychopaths in their own right.

While their personality traits are not the motive of scientific investigation, the corrupt billionaires who are behind the corona lockdown and closure of the global economy are mentally deranged. Money and enrichment is the driving force. However, tagging politicians and financiers as "psychopaths" is an understatement. Calling for the simultaneous closing down of the national economies of 193 member states of the UN is an act of "*economic genocide*".

Economic and social decision-making is criminalized. The legitimacy of Wall Street, the World Economic Forum (WEF), Big Pharma and the billionaire foundations which ordered the closure of the global economy on March 11th, 2020 must be forcefully addressed. They are criminals.

Global Coup d'État: The "Great Reset"
Global Debt and Neoliberal "Shock Treatment"

The History of Economic "Shock Treatment"

From The Structural Adjustment Program (SAP) to "Global Adjustment (GA)". The March 11th, 2020 (simultaneous) closing down of the national economies of 190+ member states of the UN is diabolical and unprecedented. Millions of people have lost their jobs, and their lifelong savings. In developing countries which our media never discusses, poverty, famine and despair prevail. The closure of national economies has led to a spiralling global debt. Increasingly, national governments are controlled by the creditors, which are currently financing the social safety nets, corporate bailouts and handouts. While this model of "global intervention" is unprecedented, it has certain features reminiscent of the country-level macro-economic reforms including the imposition of strong "economic medicine" by the IMF. To address this issue let us examine the history of so-called "*economic shock treatment,*" a term first used in the 1970s.

As a visiting professor at the Catholic University of Chile, I lived through the military coup directed against the democratically elected government of Salvador Allende. It was a CIA operation led by Secretary of State Henry Kissinger coupled with devastating macro-economic reforms. In the month following the Coup d'Etat, the price of bread increased from 11 to 40 escudos overnight. This engineered collapse of both real wages and employment under the Pinochet dictatorship was conducive to a nationwide process of impoverishment. While food prices had skyrocketed, wages had been frozen to ensure "*economic stability and stave off inflationary pressures*. *From one day to the next, an entire country had been precipitated into abysmal poverty: in less than a year the price of bread in Chile increased thirty-six times and eighty-five percent of the Chilean population had been driven below the poverty line*." That was Chile's 1973 "Reset".

Two and a half years later in 1976, I returned to Latin America as a visiting professor at the National University of Cordoba in the northern industrial heartland of Argentina. My stay coincided with another military coup d'état in March 1976. Behind the massacres and human rights violations, "*free market*" macro-economic reforms had also been prescribed—this time under the supervision of Argentina's New York creditors, including David Rockefeller who was a friend of The Junta's Minister of Economy José Alfredo Martinez de Hoz. Chile and Argentina were "dress rehearsals" for things to come:

The imposition of the IMF-World Bank Structural Adjustment Programme (SAP) was imposed on more than 100 countries starting in the early 1980s. A notorious example of the "free market": Peru in August 1990 was punished for not conforming to IMF diktats: the price of fuel was hiked up 31 times and the price of bread increased more than twelve times in a single day. These reforms—carried out in the name of "democracy"—were far more devastating than those applied in Chile and Argentina under the fist of military rule.

The March 2020 Lockdown

And now on March 11th, 2020, we enter a new phase of macro-economic destabilization, which is more devastating and destructive than 40 years of "shock treatment" and austerity measures imposed by the IMF on behalf of dominant financial interests. There is rupture, a historical break as well as continuity. It's "*Neoliberalism to the n-th Degree*".

Closure of the Global Economy:
Economic and Social Impacts at the Level of the Entire Planet

Compare what is happening to the Global Economy today with the country by country "*negotiated*" macro-economic measures imposed by creditors under the Structural Adjustment Program (SAP). The March 11th, 2020 "*Global Adjustment*" was not negotiated with national governments. It was ***imposed*** by a "*public/private partnership*", supported by media propaganda, and accepted, invariably by co-opted and corrupt politicians.

"Engineered" Social Inequality and Impoverishment
The Globalization of Poverty

Compare the March 11th, 2020 "Global Adjustment guidelines" affecting the entire Planet to Chile on September 11th, 1973. In a bitter irony, the same Big Money interests behind the 2020 "*Global Adjustment*" were actively involved in Chile (1973) and Argentina (1976). Remember "*Operation Condor*" and the "*Dirty War*" (Guerra Sucia). There is continuity: The same powerful financial interests: The IMF and the World Bank bureaucracies in liaison with the Federal Reserve, Wall Street and the WEF are currently involved in preparing and managing the "*post-pandemic "New Normal*" debt operations (on behalf of the creditors) under the Great Reset.

Henry Kissinger was involved in coordinating Chile's 9/11, 1973 "Reset".

The following year (1974), he was in put charge of the drafting of the "*National Strategic Security Memorandum 200 (NSSM 200)"* which identified depopulation as "*the highest priority in US foreign policy towards the Third World*".

The Thrust Of "Depopulation" Under The Great Reset?

Today, Henry Kissinger is a firm supporter alongside the Gates Foundation (which is also firmly committed to depopulation) of the Great Reset under the auspices of the World Economic Forum (WEF). No need to negotiate with national governments or carry out "*regime change*". The March 11th, 2020 lockdown project constitutes a "*Global Adjustment*" which triggers bankruptcies, unemployment and privatization on a much larger scale affecting in one fell swoop the national economies of more than 150 countries. It's the equivalent of 21st Century Regime Change.

And this whole process is presented to public opinion as a means to combating the "killer virus" which, according to the CDC and the WHO is similar to seasonal influenza (viruses A and B).

The Hegemonic Power Structure of Global Capitalism

Big Money including the billionaire foundations are the driving force. It's a complex alliance of Wall Street and the Banking establishment, The Big Oil and Energy, the so-called "Defense Contractors", Big Pharma, the Biotech Conglomerates, the Corporate Media, the Telecom, Communications and Digital Technology Giants, together with a network of think tanks, lobby groups, research labs, etc. The ownership of intellectual property also plays a central role. This powerful digital-financial decision-making also network involves major creditor and banking institutions: The Federal Reserve, the European Central Bank (ECB), the IMF, the World Bank, the regional development banks, and the Basel based Bank for International Settlements (BIS), which plays a key strategic role. In turn, the upper echelons of the US State apparatus (and Washington's Western Allies) are directly or indirectly involved, including the Pentagon, US Intelligence (and its research labs), the Health authorities, Homeland Security and the US State Department (including US embassies in over 150 countries).

The "Real Economy" and "Big Money"

Why are these Covid lockdown policies spearheading bankruptcy, poverty and unemployment? Global capitalism is not monolithic. There is indeed "*A Class Conflict*" "*between the super-rich and the vast majority of the World population*". But there is also intense rivalry within the capitalist system. Namely a conflict between "Big Money Capital" and what might be described as "Real Capitalism" which consists of corporations in different areas of productive activity at the national and regional levels. It also includes small and medium sized enterprises. What is ongoing is a process of concentration of wealth (and control of advanced technologies) unprecedented in World history, whereby the financial establishment, (i.e. the multibillion dollar creditors) are slated to appropriate the real assets of both bankrupt companies as well as State assets.

The "*Real Economy*" constitutes "*the economic landscape*" of real economic activity: productive assets, agriculture, industry, services, economic and social infrastructure, investment, employment, etc. The real economy at the global and national levels is being targeted by the lockdown and closure of economic activity. The Global Money financial institutions are the "*creditors*" of the real economy. And they're calling in all the debts.

Global Governance: Towards a Totalitarian State

The individuals and organizations involved in the October 18th, 2019 "201 Simulation" are now involved in the actual management of the crisis once it went live on January 30th, 2020 under the WHO's Public Health Emergency of International Concern (PHEIC), which in turn set the stage for the February 2020 financial crisis and the March Lockdown. The lockdown and closure of national economies triggered a second spree of mass unemployment coupled with the engineered bankruptcy (applied Worldwide) of small and medium sized enterprises. All of which is spearheaded by the installation of a global Totalitarian State which is intent upon breaking all forms of protest and resistance.

The Covid vaccination program (including the embedded digital passport) is an integral part of a Global Totalitarian Regime.

What is the infamous ID2020?

It is an alliance of public-private partners, including UN agencies and civil society. It's an electronic ID program that uses generalized vaccination as a platform for digital identity. The program harnesses existing birth registration and vaccination operations to provide newborns with a portable and persistent biometrically-linked digital identity, red zones, face masks, social distancing, lockdown, (Peter Koenig, March 12, 2020).

"The Great Reset"

The same powerful creditors which triggered the Covid Global Debt Crisis are now establishing a "New Normal" which essentially consists in imposing what the World Economic Forum describes as the "Great Reset":

Using COVID-19 lockdowns and restrictions to push through this transformation, the Great Reset is being rolled out under the guise of a 'Fourth Industrial Revolution' in which older enterprises are to be driven to bankruptcy or absorbed into monopolies, effectively shutting down huge sections of the pre-COVID economy. Economies are being 'restructured' and many jobs will be carried out by AI-driven and robotic machinery.

The jobless (and there will be 10s of millions) would be placed on some kind of universal basic income and have their debts—indebtedness and bankruptcy on a massive scale is the deliberate result of lockdowns and restrictions—written off in return for handing their assets to the state or more precisely to the financial institutions helping to drive this Great Reset. The WEF says the public will 'rent' everything they require: stripping the right of ownership under the guise of 'sustainable consumption' and 'saving the planet'. Of course, the tiny elite who rolled out this great reset will own everything.
Colin Todhunter, Dystopian Great Reset, November 9th, 2020

What is envisaged under "the Great Reset" is a scenario whereby the global creditors will have appropriated by 2030 the entire World's wealth, while impoverishing large sectors of the World Population. In 2030 "*You'll own nothing, And you'll be happy.*"

The United Nations:
An Instrument Of Global Governance
On Behalf Of An Unelected Public / Private Partnership

The UN system is also complicit. It has endorsed "*global governance*" and The Great Reset. While UN Secretary General Antonio Guterres rightfully acknowledges that the pandemic is "*more than a health crisis*", no meaningful analysis or debate under UN auspices as to the real causes of this crisis has been undertaken.

According to a September 2020 UN Report: "*Hundreds of thousands of lives have been lost. The lives of billions of people have been disrupted. In addition to the health impacts, COVID-19 has exposed and exacerbated deep inequalities … It has affected us as individuals, as families, communities and societies. It has had an impact on every generation, including on those not yet born. The crisis has highlighted fragilities within and among nations, as well as in our systems for mounting a coordinated global response to shared threats"* (UN Report).

The far-reaching decisions which triggered social and economic destruction Worldwide are not mentioned. No debate in the UN Security Council. Consensus remains undisturbed among all Five Permanent Members of the UN Security Council.

V-The Virus Is Casually Held Responsible
For The Process Of Economic Destruction
V-The Virus Is The Patsy

The World Economic Forum's "*public-private partnership*" project entitled "*Reimagine and Reset our World*" has been endorsed by the United Nations. Flash back to George Kennan and the Truman Doctrine in the late 1940s. Kennan believed that the UN provided a useful way to "*connect power with morality,*" using morality, as a means to rubber-stamp America's "*humanitarian wars*". The Covid crisis and the lockdown measures are the culmination of a historical process. The lockdown and closure of the global economy are "*weapons of mass destruction*" which in the real sense of the word "*destroy people's lives*".

What we are dealing with are extensive "crimes against humanity".
President Joe Biden and the "Great Reset"

Joe Biden is a groomed politician, a trusted proxy, serving the interests of the financial establishment. Let's not forget that Joe Biden was a firm supporter of the Invasion of Iraq on the fabricated grounds that Saddam Hussein "*had weapons of mass destruction*". "*The American People were deceived into this war*", said Senator Dick Durbin. Do not let yourself be deceived again by Joe Biden. Evolving acronyms, like 9/11, GWOT, WMD and now COVID: Biden was rewarded for having supported all of these stories sold to us on our Tell-A-Visions.

During the election campaign, Fox News described Biden as a "*socialist*" who threatens capitalism: "*Joe Biden's disturbing connection to the socialist 'Great Reset' movement*". While this is absolute nonsense, many "*progressives*" and anti-war activists have endorsed Joe Biden without analyzing the broader consequences of a Biden presidency. "*The Great Reset*" is socially divisive, it's racist. It is a diabolical project of Global Capitalism. It constitutes a threat to the large majority of Americans workers as well as to small and medium sized enterprises. It also undermines several important sectors of the capitalist economy. Biden will support it.

The Biden Presidency and the Lockdown

With regard to Covid, Biden is firmly committed to the "*Second Wave*", i.e. maintaining the partial closing down of both the US economy and the global economy as a means to "*combating the killer virus*". A 100-Day Mask Mandate is in the works.

Joe Biden will push for the adoption of the WEF's "*Great Reset*" both nationally and internationally, with devastating economic and social consequences. The 2021 World Economic Forum (WEF) meetings scheduled for Summer 2021 in Singapore will focus on the implementation of the "*Great Reset*".

President Biden is a firm supporter of the Corona lockdown. His statements concerning a "*Dark Winter*" in 2021 confirm that he not only endorses the adoption of staunch Covid-19 lockdown policies, his administration will pursue and adopt the World Economic Forum's "*Great Reset*" as an integral part of US foreign policy, to be implemented or more correctly "*imposed*" Worldwide. In turn, the Biden-Harris administration will attempt to override all forms of popular resistance to the corona virus lockdown. What is unfolding is a new and destructive phase of US imperialism. It's a totalitarian project of economic and social engineering, which ultimately destroys people's lives Worldwide. This "*novel*" neoliberal agenda using the corona lockdown as an instrument of social oppression has been endorsed by President Biden and the leadership of the Democratic Party. Don't be fooled, the Republicans will accept the "*Great Reset*" just as well.

The Biden White House will be used to instate what David Rockefeller called "*Global Governance*", which is tantamount to a Worldwide "*democratic dictatorship*". It should be noted that the protest movement in the US, against the lockdown is weak. In fact there is no coherent grassroots national protest movement. Why? Because "*progressive forces*" including leftist intellectuals, NGO leaders, trade union and labor leaders, most of whom are aligned with the Democratic Party have from the outset been supportive of the lockdown. And they are also supportive of Joe Biden. In a bitter irony, antiwar activists as well as the critics of neoliberalism have endorsed Joe Biden. Unless there is significant protest and organized resistance, nationally and internationally, the Great Reset will be embedded in both domestic and US foreign policy agendas of the Joe Biden-Kamala Harris administration.

It's What You Call Imperialism With A "Human Face"

Where is the Protest Movement against this Unelected Corona "*public-private partnership*" with rule by unelected technocrats? The same philanthropic foundations (Rockefeller, Ford, Soros, et al) which are the unspoken architects of the "*Great Reset*" and "*Global Governance*" are also involved in (generously) financing Climate Change activism, the Extinction Rebellion, the World Social Forum, Black Lives Matters, LGBT, et al.

What this means is that the grassroots of these social movements are often misled and betrayed by their leaders who are routinely coopted by a handful of corporate foundations.

The World Social Forum (WSF), which is commemorating its 20th anniversary brings together committed anti-globalization activists from all over the World. But who controls the WSF? From the outset in January 2001, it was funded by the Ford Foundation. It's what you call "*manufactured dissent*" (far more insidious than Herman-Chomsky's "*manufactured consent*").

The objective of the financial elites "*has been to fragment the people's movement into a vast "do it yourself" mosaic. Activism tends to be piecemeal. There is no integrated anti-globalization anti-war movement.*" In the words of McGeorge Bundy, president of the Ford Foundation (1966-1979):

"*Everything the [Ford] Foundation did could be regarded as 'making the World safe for capitalism', reducing social tensions by helping to comfort the afflicted, provide safety valves for the angry, and improve the functioning of government. The Protest movement against the Great Reset which constitutes a 'Global Coup d'état' requires a process of Worldwide mobilization: There can be no meaningful mass movement when dissent is generously funded by those same corporate interests [WEF, Gates, Ford, et al] which are the target of the protest movement*".

The Road Ahead:
More Than 7 Billion People Worldwide
Are Directly Or Indirectly Affected By The Manufactured Corona Crisis

What is required is the development of a broad based grassroots network which confronts both the architects of this crisis as well as the national and regional governments (States, provinces) involved in carrying out the lockdown and closure of economic activity as a means to combating "V-The Virus". The legitimacy of politicians and their powerful corporate sponsors must be questioned, including the police state measures adopted to enforce the various policies (Face masks, social distancing, public gatherings, etc.). This network would be established (nationally and internationally) at all levels of society, in towns and villages, work places, parishes. Trade unions, farmers organizations, professional associations, business associations, student unions, veterans associations, church groups would be called upon to integrate this movement. The first task would be to disable the fear campaign and media disinformation as well put an end to Big Pharma's Covid vaccination programme. The corporate media would be directly challenged, without specifically targeting mainstream journalists, many of whom have been instructed to abide by the official narrative. This endeavour would require a parallel process at the grassroots level, of sensitizing and educating fellow citizens on the nature of virus, the PCR test, the impacts of the lockdown, the face mask and social distancing.

"*Spreading the word*" by sharing this free eBook anywhere and everywhere (Available in print at Barnes & Noble and Amazon in March, 2021) through social media and independent online media outlets must be undertaken bearing in mind that Google as well as Facebook are instruments of censorship. If not us, if not you, if not me, then who?

This is up to us. We find empathy, coordinate efforts, put aside differences and oppose the opposition, or we suffer the all-encompassing and frightening hardships ahead.

The creation of such a movement, which forcefully challenges the legitimacy of the financial elites as well as the structures of political authority at the national level, is no easy task. It will require a degree of solidarity, unity and commitment unparalleled in World history. It will also require breaking down political and ideological barriers within society (i.e. between political parties) and acting with a single voice. We must also understand that the "*Corona Project*" is an integral part of the U.S. imperial agenda. It has geopolitical and strategic implications. It will also require eventually unseating the architects of this diabolical "*pandemic*" and indicting them for crimes against humanity.

About the author:

Michel Chossudovsky is an award-winning author, Professor of Economics (emeritus) at the University of Ottawa, Founder and Director of the Centre for Research on Globalization (CRG), Montreal, Editor of Global Research. He has taught as visiting professor in Western Europe, Southeast Asia, the Pacific and Latin America. He has served as economic adviser to governments of developing countries and has acted as a consultant for several international organizations. He is the author of eleven books including The Globalization of Poverty and The New World Order (2003), America's "War on Terrorism" (2005), The Global Economic Crisis, The Great Depression of the Twenty-first Century (2009) (Editor), Towards a World War III Scenario: The Dangers of Nuclear War (2011), The Globalization of War, America's Long War against Humanity (2015). He is a contributor to the Encyclopaedia Britannica. His writings have been published in more than twenty languages. In 2014, he was awarded the Gold Medal for Merit of the Republic of Serbia for his writings on NATO's war of aggression against Yugoslavia. He can be reached at crgeditor@yahoo.com

The daily pandemic death counts in Ontario, Canada, include people who have tested positive for COVID-19 but have not necessarily died from the virus.

The exact number of people who fit into this category is unknown by the government and not even being counted!

The Sun was able to confirm this information after speaking with three of the hardest hit public health units in Ontario — Toronto, Ottawa and Peel Region.

"The mortality data sent to the Ministry and reported in (Ottawa Public Health) dashboard/reports represents the number of Ottawa residents with confirmed COVID-19 who have passed away,"

an Ottawa Public Health spokesperson explained via email.

"It does not indicate if COVID-19 was the cause of death, and we can't make that inference," he added.

According to local health units, this reporting process is required by the province. "*Toronto Public Health continues to follow the provincial definition for how COVID-19 deaths are categorized,*" said Dr. Vinita Dubey, Toronto's associate medical officer of health.

"This means that individuals who have died with COVID-19, but not necessarily as a result of COVID-19, are all included in the case counts for COVID-19 deaths in Toronto."

CENTERS FOR DISEASE CONTROL AND PREVENTION

CDC declares:

LOWEST FLU SEASON EVER IN HUMAN HISTORY!

"The model used to generate influenza in-season preliminary burden estimates uses current season flu hospitalization data. Reported flu hospitalizations are too low at this time to generate an estimate."

They also added, "The number of hospitalizations estimated so far this season is lower than end-of-season total hospitalization estimates for any season since CDC began making these estimates."

Pfizer Admits Vaccine Does Not Prevent COVID

Analysis by Dr. Meryl Nass

January 29, 2021

People have asked why I was not blogging about the Covid vaccines. To be honest, I felt there was not enough information for me to be decisive, and I was waiting for more information to become available. However, someone called me and told me about a lot of allergic reactions, including one anaphylactic reaction at a local hospital after 30 doses were given. Staff were instructed to keep this quiet.

Then I watched a nine-minute Ben Swann video about the vaccines, in which he read the "*declination form*" that must be signed by EMTs in Maine who refuse the vaccine. It contained false and misleading statements, and I realized I should no longer delay discussing what I know about the vaccines.

1. Both the Moderna and Pfizer vaccines are made from messenger RNA and lipid nanoparticles containing polyethylene glycol (PEG).

2. Messenger RNA (or any RNA) can potentially be converted to DNA in the presence of reverse transcriptase. That DNA potentially, or bits of it, could become linked to your native DNA. While I have no idea how likely this is, I began to take the possibility seriously only after two members of FDA's advisory committee (the Vaccines and Related Biological Products Advisory Committee, or VRBPAC) asked about it during their meeting to approve the Pfizer vaccine on December 10.2

I watched the entire meeting and took copious notes. Virologists tell us that much of our DNA is, in fact, originally viral DNA that found its way into ours.3 I now consider the potential for vaccine RNA to be converted to DNA and permanently inserted in my DNA a remote possibility — but one that I would like proven wrong before being vaccinated.

3. 70% of Americans have pre-existing antibodies to PEG. FDA suspects that these PEG antibodies may be the cause of anaphylaxis post vaccination. The U.K. recommends against people with severe allergic conditions receiving the mRNA vaccines. The U.S. does not.

The CDC, however, recommends people receive it regardless of their allergy history, only asking

that those with severe allergies wait an additional 15 minutes (total of 30 minutes) in the clinic in case they need to be resuscitated.

Anaphylaxis is occurring at about 1 in 45,000 doses, 4 to 17 times the rate CDC has determined it occurs after other vaccines (1.3 episodes per million vaccinations5). Therefore, getting the shot in a drugstore or anywhere that trained physicians are not close by to perform a resuscitation seems like a bad idea.

According to the American College of Allergy, "*The Pfizer-BioNTech COVID-19 vaccine should be administered in a health care setting where anaphylaxis can be treated.*"6 California has temporarily halted use of a lot of Moderna's vaccine due to a high rate of anaphylaxis.7

4. No vaccines made from messenger RNA nor this type of lipid nanoparticles have ever been used in humans. We have no idea about their long-term side effects. The clinical trials followed subjects for only two months after two doses of vaccine at the time the vaccines were authorized for use.

5. Neither the Moderna nor the Pfizer trial enrolled many frail elderly subjects. Since both vaccines entered general use less than one month ago, we have heard tales of nursing home residents catching Covid or dying in higher numbers after receiving the vaccines.

But we do not know if this is a random event or a reaction to vaccination, since reliable data are not yet available. The elderly often fail to mount an immune response to a vaccine; if this is the case, they should not receive the vaccine, because they will be subject to the side effects without the benefit.

UPDATE: Norway has recorded 23 deaths after the vaccinations. Thirteen have been investigated, autopsied and occurred in the frail elderly. Norway has now decided to recommend the obvious: "*If you are very frail, you should probably not be vaccinated,*" Steinar Madsen at the Norwegian Medicines Agency said at a webinar on corona vaccine for journalists.8

On January 15th, 2021, from Bloomberg, "*Norway said Covid-19 vaccines may be too risky for the very old and terminally ill, the most cautious statement yet from a European health authority as countries assess the real-world side effects of the first shots to gain approval.*"9

4. Public health officials have said over and over that they do not know if the vaccines prevent spread. Pfizer's lead representative to the VRBPAC meeting, Kathrin Jansen, Ph.D., said that Pfizer did not test human subjects to see if those vaccinated could get and spread the infection.

But Jansen admitted that Pfizer did test primates — and found that vaccinated monkeys did get Covid infections despite being vaccinated. Their duration of infection was shorter than in the unvaccinated monkeys.10 You can watch Jansen first claim that primates did not get infection in the lung but then admit they did get infections, of shorter duration than unvaccinated primates — at 7 hours 30 minutes into the meeting.11 By the way, hydroxychloroquine and azithromycin do exactly the same thing — reduce duration of viral carriage — as shown in a new review article by Didier Raoult.12

5. Are the data from the Pfizer and Moderna clinical trials reliable, especially the claim that both yield 95% efficacy?

6. Members of the VRBPAC advisory committee wanted more information. Two of them asked to be given the results between November 14 (the date the data collection ended) and December 10 (the date of the meeting). Separately, at two different times, both FDA and Pfizer refused to provide this to the committee.

7. There were relatively few Covid-19 cases in Pfizer's trial (under 200) despite 40,000 enrollees. Peter Doshi, blogging for the British Medical journal,13 noted that 20 times as many subjects had Covid-like symptoms as those who were diagnosed positive using PCR tests, but the much larger group had negative PCR tests.

We now know there are large numbers of false positives and negatives with PCR tests. Cycle threshold information was not supplied. No sequencing was done to assure that PCR positive individuals actually had Covid. I don't trust these data.

8. Both Moderna and Pfizer provided rudimentary information to the FDA to apply for Emergency Use Authorizations14 — much less than is required to issue a vaccine license, according to US law15 — despite what Drs. Stephen Hahn and Peter Marks at FDA may have claimed to sooth the public.

9. FDA made the incomprehensible decision to NOT perform inspections of the manufacturing facilities of the Covid vaccine manufacturers.16 What did FDA not want to find? FDA misled its advisory committee by claiming to have reviewed all the manufacturing paperwork supplied to it. That is a far cry from inspecting the facility.

10. No one knows how long immunity lasts, if in fact the vaccines do provide some degree of immunity. (Should it be called immunity if you can still catch and spread the virus?)

For every known vaccine, the immunity it provides is less robust and long-lasting than the immunity obtained from having had the infection. People who have had Covid really have no business getting vaccinated — they get all the risk and none of the benefit. It is said that Israelis who had Covid are not being vaccinated.17

The Maine EMT Declination Document

This is a document designed to force EMTs to take the vaccine by using false information and veiled threats. For example, the document claims with certainty that one can asymptomatically spread Covid, even up to 10 days. That has not been shown to be true.

Even Dr. Anthony Fauci was recorded18 as saying that asymptomatic spread has never driven an epidemic, although it might occur rarely. We still don't know with certainty how much asymptomatic spread contributes to cases, but probably very little. CDC made a claim that asymptomatic spread could contribute to 59% of cases.19

CDC, however, made this claim based on its own researchers using modelling and estimates alone. CDC loves to publish its models of illness, cases and spread, instead of providing real data. Models can be easily manipulated to support whatever narrative is desired, as we have seen with the Neil Ferguson and University of Washington/BMGF models of the pandemic.

The declination document20 claims that the clinical trials were rigorous. I doubt few who read the trial documents would agree with that. The trials are still in progress. And FDA explicitly said these two vaccines have not been approved. They have instead been "authorized."

But the most pernicious thing about the EMT document was that it was intended to make the decliner feel awful for letting down the team and the community. In fact, based on the monkey data, the only data we have, you can probably still spread the virus even after being vaccinated. So the declination was built on a lie. And, lying document that it is, it is not signed. You don't know who wrote it. Why are EMTs being made to sign it, and initial every paragraph? Here is just one of its passages:

"The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I am in contact, including my co-workers, my family, and members of the community I serve."

When a product is good for you, there is no need to scare or threaten people into taking it. If you are being coerced to do something, that should be a strong clue to avoid it.

If you become injured by one of these experimental vaccines, the chance of receiving any financial benefit is tiny.21 The U.S. government has waived the liability of everyone involved, from manufacturers to vaccinators. Luckily, the drugs and vitamins/supplements that are effective for Covid are safe and have been used for many decades. See earlier blog posts for details.

UPDATE: 1/13/21 from FiercePharma:22 "Aside from J&J, coronavirus vaccines from Novavax and AstraZeneca are in late-stage trials, and a host of other companies are in various stages of research. At a Fierce JPM Week panel, experts said there will be plenty of need for a "second wave" of coronavirus vaccines."

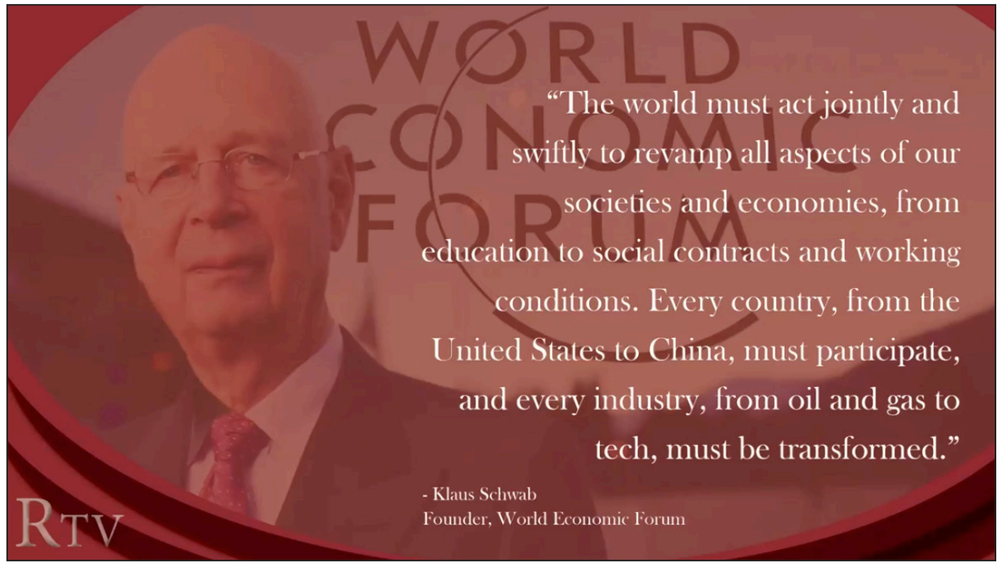
UPDATE: 1/14/21 First, both mRNA vaccines are comprised of mRNA that codes for the spike proteins. However, the spike itself may have inherent toxicity and cause serious Covid symptoms, according to a very thoughtful review of the literature23 sent to FDA by Dr. Patrick Whelan, Ph.D. at UCLA.

Second, an article published by Kanduc and Shoenfeld in September 2020 termed "Molecular mimicry between SARS-CoV-2 spike glycoproteins and mammalian proteomes: implications for the vaccines"24 showed that "a massive heptapeptide sharing exists between SARS-CoV-2 spike glycoprotein and human proteins."

The sharing of peptides between SARS-CoV-2 and humans also occurred with mice but no other animals, and other human coronaviruses lacked this commonality of peptide sequences with humans. What does this mean?

"A massive peptide commonality is present with humans and mice, i.e, organisms that undergo pathologic consequences following SARS-CoV-2 infection." The authors suggest molecular mimicry as a reason for the massive autoimmune phenomena that occur in late-stage Covid-19. The paper concludes:

"Finally, this study once more reiterates the concept that only vaccines based on minimal immune determinants, unique to pathogens and absent in the human proteome, might offer the possibility of safe and efficacious vaccines." In other words, vaccines need to eliminate the regions of the spike protein that mimic human proteins in order to avoid triggering autoimmunity. Whether this paper provides evidence that SARS-CoV-2 may have been grown in humanized mice, or designed to deliberately mimic human peptide sequences to induce autoimmunity in humans, I leave to the imagination.



Vaccine Dilution Errors
& Mix-Ups with Look-Alike Products
And More…

By Jeff Prager

The Institute for Safe Medication Practices (ISMP) identified errors in their report which included dilution errors, vaccine and monoclonal antibody mix-ups, waste of doses, administration to wrong age group, second dose scheduling errors, and allergic reactions. According to ISMP, the main categories of errors being reported so far with the Pfizer-BioNTech and Moderna COVID-19 vaccines include:

• Dilution errors: The Pfizer-BioNTech COVID-19 vaccine must be diluted with preservative-free sodium chloride injection. Multiple errors have occurred, involving the addition of too little diluent, which results in administration of too much vaccine and potentially stronger adverse effects (AEs) if they occur.

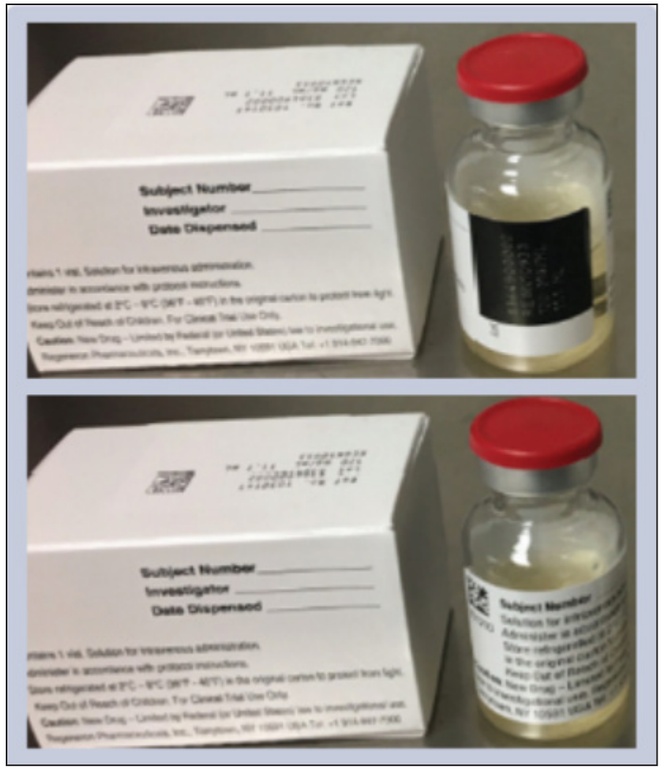
• Mix-ups with look-alike products: Moderna's vaccine and the new Regeneron monocloncal antibody casirivimab have been confused, likely due to labeling issues. Two versions of vial and carton labels for the Regeneron antibody exist (images at right), and neither version includes the name of the specific antibody, casirivimab, or has a functioning barcode.

• Waste of vaccine doses: ISMP has received reports that some of the syringes being shipped as part of the federal COVID-19 response are not efficient enough to extract a sixth dose from the Pfizer-BioNTech vaccine vials or an eleventh dose from the Moderna vaccine. Since both vaccines must be used within 6 hours at room temperature, some facilities are scrambling at the end of the day to use doses or have to discard them.

Other reported errors include a misspelling in an email address that resulted in the patient not receiving information on their appointment to receive a second vaccine dose, the vaccination of underage patients, and serious but not life-threatening [as far as we know] allergic responses [1].

Reference:

https://ismp.org/resources/learning-errors-new-covid-19-vaccines



Vial and carton and front/ back of a vial of Regeneron's casirivimab is labeled with a product code name, not the established name.



The Moderna COVID-19 vaccine vial has a red cap, similar to the red cap on vials of Regeneron's monoclonal antibodies

Merck Ends COVID Vaccine Program Cites Inferior Immune Responses

Reuters
Monday, January 25, 2021, 5:58 AM

Drugmaker Merck & Co said on Monday it would stop development of its two COVID-19 vaccines and focus pandemic research on treatments, with initial data on an experimental oral antiviral expected by the end of March.

Merck was late to join the race to develop a vaccine to protect against the coronavirus, which has so far killed more than 2 million people and continues to surge in many parts of the world including the United States.

The company will record a pre-tax discontinuation charge in the fourth quarter for vaccine candidate V591, which it acquired with the purchase of Austrian vaccine maker Themis Bioscience, and V590, developed with nonprofit research organization IAVI, Merck said in a statement.

In early trials, both vaccines generated immune responses that were inferior to those seen in people who had recovered from COVID-19 as well as those reported for other COVID-19 vaccines, the company said.

The announcement is a setback to the fight against the pandemic and comes a month after Sanofi and GlaxoSmithKline delayed launch of their shot to late 2021, underscoring the challenges of developing vaccines at record speed.

Tens of millions of doses of vaccines from rivals Pfizer Inc and German partner BioNTech as well as from Moderna Inc have so far been administered globally.

Johnson & Johnson, AstraZeneca Plc and others are also racing to develop safe and effective vaccines to protect against the virus.

Merck said it would focus COVID-19 research and manufacturing efforts on two investigational medicines: MK-7110 and MK-4482, which it now calls molnupiravir.

Molnupiravir, which is being developed in collaboration with Ridgeback Bio, is an oral antiviral being studied in both hospital and outpatient settings. Merck said a Phase 2/3 trial of the drug was set to finish in May, but initial efficacy results were due in the first quarter and would be made public if clinically meaningful.

Merck said results from a Phase 3 study of MK-7110, an immune modulator being studied as a treatment for patients hospitalized with severe COVID-19, were expected in the first quarter. Shares of Merck fell 1% to $80.12 in trading before the bell.

329 Deaths + 9,516 Other Injuries Reported Following COVID Vaccine Latest CDC Data Show

The numbers reflect the latest data available as of January 22nd, 2021, from the CDC's Vaccine Adverse Event Reporting System website. Of the 329 reported deaths, 285 were from the U.S., and 44 were from other countries. The average age of those who died was 76.5.

As of January 22nd, 329 deaths — a subset of 9,845 total adverse events — had been reported to the Centers for Disease Control and Prevention's (CDC) Vaccine Adverse Event Reporting System (VAERS) following COVID-19 vaccinations. VAERS is the primary mechanism for reporting adverse vaccine reactions in the U.S. Reports submitted to VAERS require further investigation before confirmation can be made that an adverse event was linked to a vaccine. The reports, filed on the VAERS website between December 14th, 2020 and January 22nd, 2021, describe outcomes ranging from "*foaming at the mouth*" to "*massive heart attacks*" to "*did not recover*." According to the Washington Post, as of January 29th, 22 million people in the U.S. had received one or both doses of a COVID vaccine. So far, only the Pfizer and Moderna vaccines have been granted "*Emergency Use Authorization*" in the U.S. by the U.S. Food and Drug Administration (FDA). By the FDA's own definition, the vaccines are still considered ***experimental*** until fully licensed. Even with the updated injury numbers released today, the CDC said Thursday that safety data shows "*everything is going well.*" According to USA TODAY:

"*Early safety data from the first month of COVID-19 vaccination finds the shots are as safe as the studies suggested they'd be. "Everyone who experienced an allergic response has been treated successfully, and no other serious problems have turned up among the first 22 million people vaccinated, according to the Centers for Disease Control and Prevention*."

According to the VAERS data, of the 329 reported deaths, 285 were from the U.S., and 44 were from other countries. The average age of those who died was 76.5. States reporting the most deaths were: California (22), Florida (16), Ohio (18), New York (15) and KY (13). Most of the reports were from, or filed on behalf of people who had received only the first dose. About half of the people reporting had the Pfizer vaccine, the other half Moderna.

The Moderna vaccine lot numbers associated with the highest number of deaths were: 025L20A (13 deaths), 037K20A (11 deaths) and 011J2A (10 deaths). For Pfizer, the lot numbers were: EK5730 (10 deaths), EJ1685 (11 deaths), EL0140 (15 deaths), EK 9231 (12 deaths) and EL1284 (11 deaths). Several deaths and multiple severe allergic reactions are under investigation in the U.S. and Europe. Last week, California health officials temporarily paused a large batch of Moderna vaccines due to a high number of allergic reactions, but reversed that decision a few days later. Anyone suffering from a serious injury will have little legal recourse because they will be directed to the Countermeasures Injury Compensation Program which has rejected 90% of vaccine-injury claims over the past decade.

On January 3rd, Miami obstetrician Dr. Gregory Michael died after he suffered a hemorrhagic stroke. Michael died about two weeks after receiving Pfizer-BioNtech's COVID vaccine. Although he became ill just three days after he got the shot, Pfizer said it didn't think there was any direct connection to the vaccine. The New York Times quoted Dr. Jerry Spivak, a blood disorder expert at Johns Hopkins University, saying "*I think it's a medical certainty that the vaccine was related.*"

Officials in Orange County, California, are investigating the death of a 60-year-old healthcare worker who died January 9th, four days after receiving his second injection of the Pfizer-BioNTech COVID vaccine. Tim Zook, an x-ray technologist at South Coast Global Medical Center in Santa Ana, was hospitalized on January 5th, several hours after being vaccinated. Zook's wife, Rochelle Zook, told the Orange County Register that her husband's health rapidly deteriorated over the next few days. She said she didn't blame any pharmaceutical company and that people should still "*take the vaccine — but the officials need to do more research. We need to know the cause.*"

Data about deaths following receipt of the experimental Pfizer-BioNTech vaccine are also emerging from Israel, Norway, Portugal, Sweden and Switzerland. Norway launched an investigation into the vaccines after the Norwegian Medicines Agency received reports of 33 suspected adverse drug reactions with fatal outcomes following administration of the Pfizer-BioNTech vaccine. Pharma and federal agencies attributed the majority of these cases to "*coincidence.*"

From the 1/22/2021 release of VAERS data:

Found 9,845 cases where Vaccine is COVID19

Table

Event Outcome	Count	Percent
Death	329	3.34%
Permanent Disability	104	1.06%
Office Visit	1,219	12.38%
Emergency Room	18	0.18%
Emergency Doctor/Room	2,056	20.88%
Hospitalized	722	7.33%
Recovered	3,870	39.31%
Birth Defect	11	0.11%
Life Threatening	273	2.77%
Not Serious	3,717	37.76%
TOTAL	† 12,319	† 125.13%

† Because some cases have multiple vaccinations and symptoms, a single case can account for multiple entries in this table. This is the reason why the Total Count is greater than 9845 (the number of cases found), and the Total Percentage is greater than 100.

"*Coincidence is turning out to be quite lethal to COVID vaccine recipients,*" said Children's Health Defense (CHD) Chairman Robert F. Kennedy, Jr. "*If the clinical trials are good predictors, the rate of coincidence is likely to increase dramatically after the second shot.*"

The clinical trials suggested that almost all the benefits of COVID vaccination and the vast majority of injuries were associated with the second dose. While the VAERS database numbers are sobering, according to a U.S. Department of Health and Human Services study, the actual number of adverse events is likely significantly higher. VAERS is a passive surveillance system that relies on the willingness of individuals and professionals to submit reports voluntarily. In December, CHD and Kennedy wrote to former FDA director, Dr. David Kessler, co-chair of the COVID-19 Advisory Board and President Biden's version of Operation Warp Speed. Kennedy told Kessler that VAERS has been an abject failure, with fewer than 1% of adverse events ever reported. A critic familiar with VAERS' shortcomings bluntly condemned VAERS in The BMJ as "*nothing more than window dressing, and a part of U.S. authorities' systematic effort to reassure/deceive us about vaccine safety.*" (See the peer reviewed reports in this volume, specifically, the Pace Law Review entry). CHD is calling for complete transparency. The children's health organization is asking Kessler and the federal government to release all of the data from the clinical trials and suspend COVID-19 vaccine use in any group not adequately represented in the clinical trials, including the elderly, frail and anyone with comorbidities.

CHD is also asking for full transparency in post-marketing data that reports all health outcomes, including new diagnoses of autoimmune disorders, adverse events and deaths from COVID vaccines.

WORLD ECONOMIC FORUM

WHO Director-General Klaus Schwab's opening remarks at the media briefing on COVID-19

March 11th, 2020

Good afternoon.

In the past two weeks, the number of cases of COVID-19 outside China has increased 13-fold, and the number of affected countries has tripled.

There are now more than 118,000 cases in 114 countries, and 4,291 people have lost their lives.

Thousands more are fighting for their lives in hospitals.

In the days and weeks ahead, we expect to see the number of cases, the number of deaths, and the number of affected countries climb even higher.



WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction.

We have therefore made the assessment that COVID-19 can be characterized as a pandemic.

Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death [Professor Charles Schwab, at right].

Describing the situation as a pandemic does not change WHO's assessment of the threat posed by this virus. It doesn't change what WHO is doing, and it doesn't change what countries should do.

We have never before seen a pandemic sparked by a coronavirus. This is the first pandemic caused by a coronavirus.

And we have never before seen a pandemic that can be controlled, at the same time.

WHO has been in full response mode since we were notified of the first cases.

And we have called every day for countries to take urgent and aggressive action.

We have rung the alarm bell loud and clear.

As I said on Monday, just looking at the number of cases and the number of countries affected does not tell the full story.

Of the 118,000 cases reported globally in 114 countries, more than 90 percent of cases are in just four countries, and two of those – China and the Republic of Korea - have significantly declining epidemics.

81 countries have not reported any cases, and 57 countries have reported 10 cases or less.

We cannot say this loudly enough, or clearly enough, or often enough: all countries can still change the course of this pandemic.

If countries detect, test, treat, isolate, trace, and mobilize their people in the response, those with a handful of cases can prevent those cases becoming clusters, and those clusters becoming community transmission.

Even those countries with community transmission or large clusters can turn the tide on this virus.

Several countries have demonstrated that this virus can be suppressed and controlled.

The challenge for many countries who are now dealing with large clusters or community transmission is not whether they can do the same – it's whether they will.

Some countries are struggling with a lack of capacity.

Some countries are struggling with a lack of resources.

Some countries are struggling with a lack of resolve.

We are grateful for the measures being taken in Iran, Italy and the Republic of Korea to slow the virus and control their epidemics.

We know that these measures are taking a heavy toll on societies and economies, just as they did in China.

All countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights.

WHO's mandate is public health. But we're working with many partners across all sectors to mitigate the social and economic consequences of this pandemic.

This is not just a public health crisis, it is a crisis that will touch every sector – so every sector and every individual must be involved in the fight.

I have said from the beginning that countries must take a whole-of-government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimize impact.
Let me summarize it in four key areas.

- First, prepare and be ready.
- Second, detect, protect and treat.
- Third, reduce transmission.
- Fourth, innovate and learn.

I remind all countries that we are calling on you to activate and scale up your emergency response mechanisms; Communicate with your people about the risks and how they can protect themselves – this is everybody's business;

Find, isolate, test and treat every case and trace every contact;

Ready your hospitals; Protect and train your health workers.

And let's all look out for each other, because we need each other.

There's been so much attention on one word.

Let me give you some other words that matter much more, and that are much more actionable.

Prevention. Preparedness. Public health. Political leadership.

And most of all, people.

We're in this together, to do the right things with calm and protect the citizens of the world. It's doable.

I thank you.

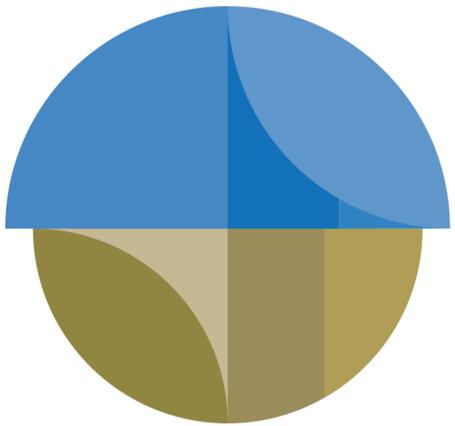
~Klaus Schwab

WORLD ECONOMIC FORUM

Job landscape

By 2025, new jobs will emerge and others be displaced by a shift in the division of labour between humans and machines, affecting:

97 million



85 million

Growing job demand:

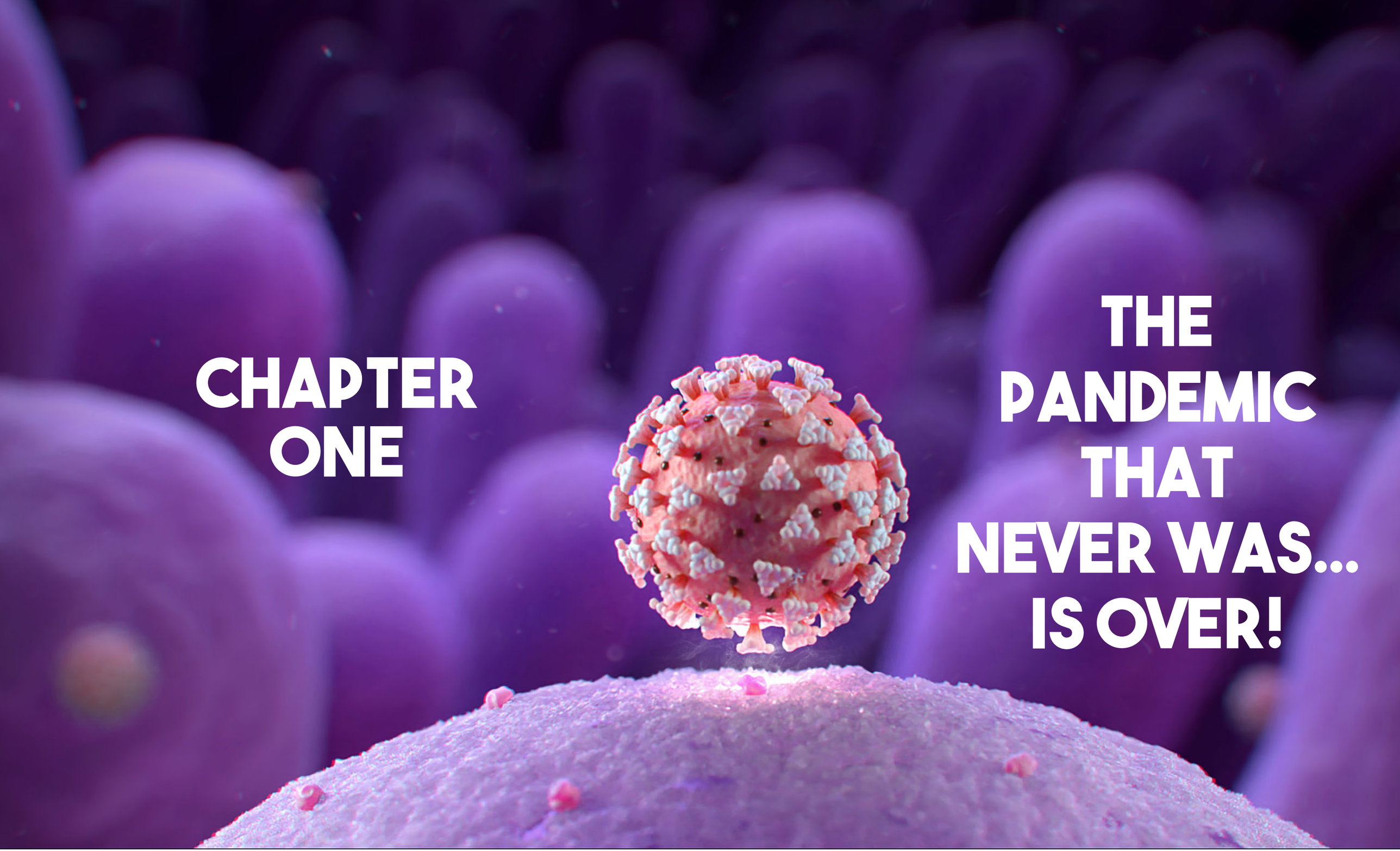
1. Data Analysts and Scientists
2. AI and Machine Learning Specialists
3. Big Data Specialists
4. Digital Marketing and Strategy Specialists
5. Process Automation Specialists
6. Business Development Professionals
7. Digital Transformation Specialists
8. Information Security Analysts
9. Software and Applications Developers
10. Internet of Things Specialists

Decreasing job demand:

1. Data Entry Clerks
2. Administrative and Executive Secretaries
3. Accounting, Bookkeeping and Payroll Clerks
4. Accountants and Auditors
5. Assembly and Factory Workers
6. Business Services and Administration Managers
7. Client Information and Customer Service Workers
8. General and Operations Managers
9. Mechanics and Machinery Repairers
10. Material-Recording and Stock-Keeping Clerks

Source: Future of Jobs Report 2020, World Economic Forum.

CHAPTER ONE



THE PANDEMIC THAT NEVER WAS... IS OVER!

the johns hopkins
NEWS-LETTER

Published by the Students of Johns Hopkins since 1896

A closer look at U.S. deaths due to COVID-19

By Yannni Gu | November 22, 2020

According to new data, the U.S. currently ranks first in total COVID-19 cases, new cases per day and deaths. Genevieve Briand, assistant program director of the Applied Economics master's degree program at Hopkins, critically analyzed the effect of COVID-19 on U.S. deaths using data from the Centers for Disease Control and Prevention (CDC) in her webinar titled "*COVID-19 Deaths: A Look at U.S. Data.*"

From mid-March to mid-September, U.S. total deaths have reached 1.7 million, of which 200,000, or 12% of total deaths, are COVID-19-related. Instead of looking directly at COVID-19 deaths, Briand focused on total deaths per age group and per cause of death in the U.S. and used this information to shed light on the effects of COVID-19.

She explained that the significance of COVID-19 on U.S. deaths can be fully understood only through comparison to the number of total deaths in the United States.

After retrieving data on the CDC website, Briand compiled a graph representing percentages of total deaths per age category from early February to early September, which includes the period from before COVID-19 was detected in the U.S. to after infection rates soared.

Surprisingly, the deaths of older people stayed the same before and after COVID-19. Since COVID-19 mainly affects the elderly, experts expected an increase in the percentage of deaths in older age groups. However, this increase is not seen from the CDC data. In fact, the percentages of deaths among all age groups remain relatively the same.

"*The reason we have a higher number of reported COVID-19 deaths among older individuals than younger individuals is simply because every day in the U.S. older individuals die in higher numbers than younger individuals,*" Briand said.

Briand also noted that 50,000 to 70,000 deaths are seen both before and after COVID-19, indicating that this number of deaths was normal long before COVID-19 emerged. Therefore, according to Briand, not only has COVID-19 had no effect on the percentage of deaths of older people, but it has also not increased the total number of deaths.

These data analyses suggest that in contrast to most people's assumptions, the number of deaths by COVID-19 is not alarming. In fact, it has relatively no effect on deaths in the United States.

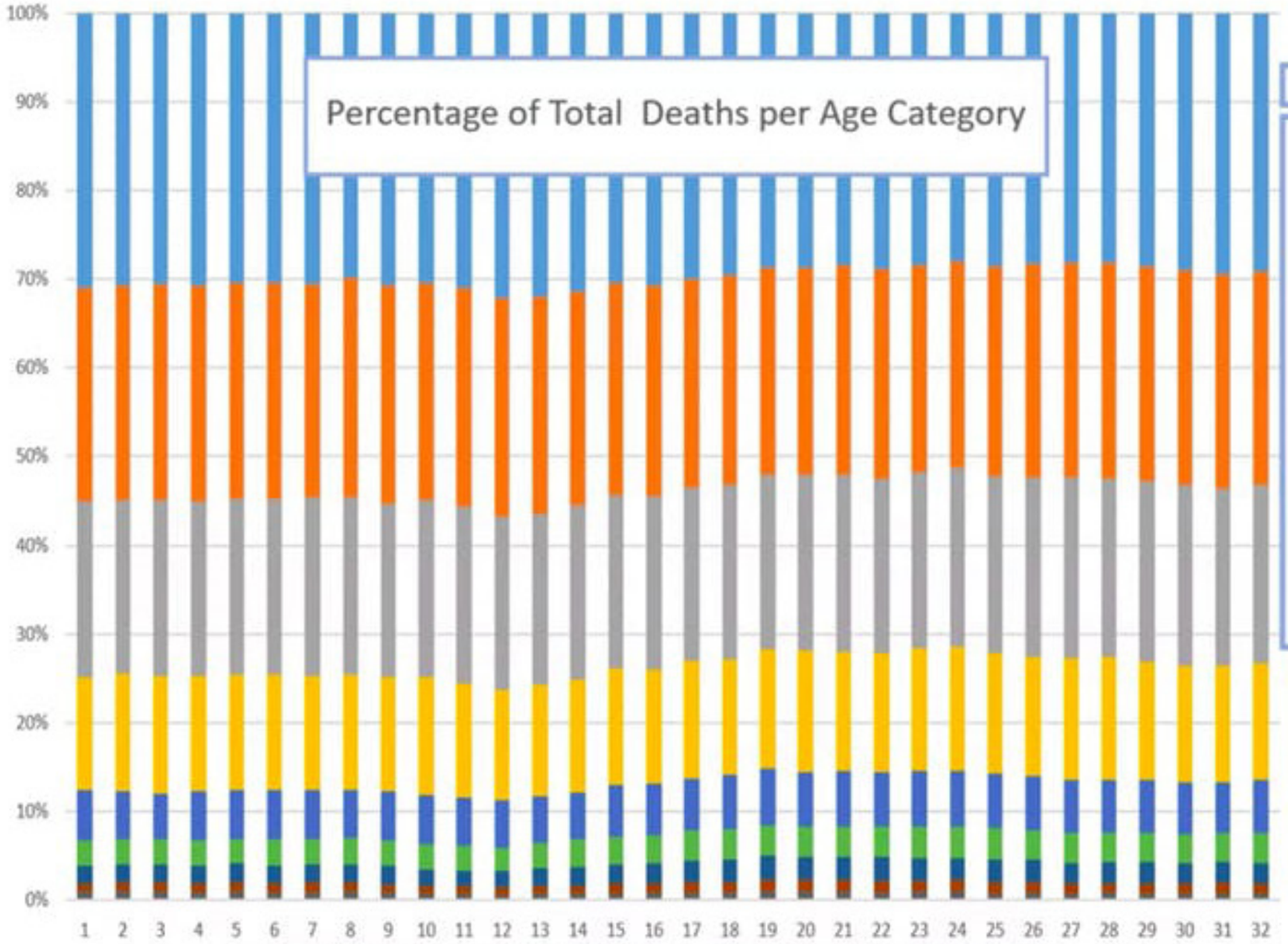
This comes as a shock to many people. How is it that the data lie so far from our perception?

To answer that question, Briand shifted her focus to the deaths per causes ranging from 2014 to 2020. There is a sudden increase in deaths in 2020 due to COVID-19. This is no surprise because COVID-19 emerged in the U.S. in early 2020, and thus COVID-19-related deaths increased drastically afterward.

Analysis of deaths per cause in 2018 revealed that the pattern of seasonal increase in the total number of deaths is a result of the rise in deaths by all causes, with the top three being heart disease, respiratory diseases, influenza and pneumonia.

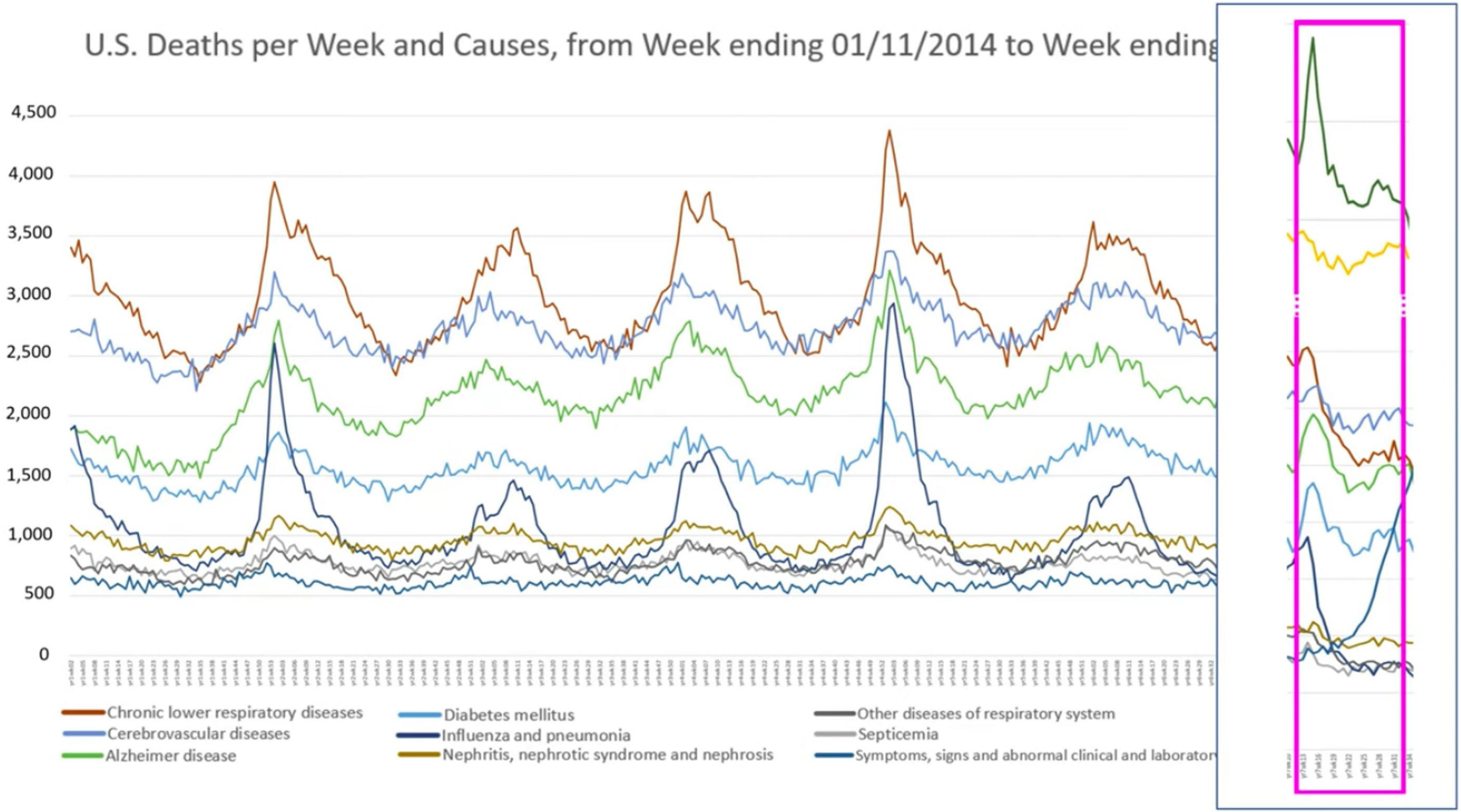
"*This is true every year. Every year in the U.S. when we observe the seasonal ups and downs, we have an increase of deaths due to all causes*," Briand pointed out.

When Briand looked at the 2020 data during that seasonal period, COVID-19-related deaths exceeded deaths from heart diseases. This was highly unusual since heart disease has always prevailed as the leading cause of deaths. However, when taking a closer look at the death numbers, she noted something strange. As Briand compared the number of deaths per cause during that period in 2020 to 2018, she noticed that instead of the expected drastic increase across all causes, there was a significant decrease in deaths due to heart disease. Even more surprising, as seen in the graphs on the following pages, this sudden decline in deaths is observed for all other causes.



Total Deaths per Week:		
100%	All ages	62,374
30%	85 and over	18,604
24%	75-84 years	15,036
20%	65-74 years	12,374
13%	55-64 years	8,203
6%	45-54 years	3,598
3%	35-44 years	1,963
2%	25-34 years	1,390
1%	15-24 years	675
1%	14 and under	530

Source: cdc.gov/nchs/nvss/vsrr/covid_weekly
Consulted 10-15-20.


U.S. Deaths per Week and Causes, from Week ending 01/11/2014 to Week ending
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
Chronic lower respiratory diseases
Cerebrovascular diseases
Alzheimer disease
Diabetes mellitus
Influenza and pneumonia
Nephritis, nephrotic syndrome and nephrosis
Other diseases of respiratory system
Septicemia
Symptoms, signs and abnormal clinical and laborator

Change in Deaths over previous week	Week ending 4/11/2020	Week ending 4/18/2020	Week ending 4/25/2020
Heart Diseases	+ 824	- 1,190	- 727
Cancers	- 52	- 356	+ 160
Chronic Respiratory	- 96	- 249	- 211
Cerebrovascular	+ 35	+ 11	- 145
Alzheimer	+ 86	- 56	- 96
Diabetes	+ 52	- 90	-179
Flu & Pneumonia	- 236	- 381	- 97
Nephritis	+ 88	- 31	- 106
Other Respiratory	- 4	- 95	- 31
Septicemia	- 98	- 92	- 13
Not Classified	- 44	+ 13	+ 48
TOTAL DECREASE	**- 530**	**- 2,540**	**- 1,605**
COVID – Heart Diseases	**+ 486**	**+ 2,561**	**+ 1,651**

The CDC classified all deaths that are related to COVID-19 simply as COVID-19 deaths. Even patients dying from other underlying diseases but are infected with COVID-19 count as COVID-19 deaths. This is likely the main explanation as to why COVID-19 deaths drastically increased while deaths by all other diseases experienced a significant decrease.

"*All of this points to no evidence that COVID-19 created any excess deaths. Total death numbers are not above normal death numbers. We found no evidence to the contrary*," Briand concluded. In an interview with The News-Letter, Briand addressed the question of whether COVID-19 deaths can be called misleading since the infection might have exacerbated and even led to deaths by other underlying diseases.

"*If [the COVID-19 death toll] was not misleading at all, what we should have observed is an increased number of heart attacks and increased COVID-19 numbers. But a decreased number of heart attacks and all the other death causes doesn't give us a choice but to point to some misclassification*," Briand replied.

In other words, the effect of COVID-19 on deaths in the U.S. is considered problematic only when it increases the total number of deaths or the true death burden by a significant amount in addition to the expected deaths by other causes. Since the crude number of total deaths by all causes before and after COVID-19 has stayed the same, one can hardly say, in Briand's view, that COVID-19 deaths are concerning.

Briand also mentioned that more research and data are needed to truly decipher the effect of COVID-19 on deaths in the United States.

Throughout the talk, Briand constantly emphasized that although COVID-19 is a serious national and global problem, she also stressed that society should never lose focus of the bigger picture — death in general.

The death of a loved one, from COVID-19 or from other causes, is always tragic, Briand explained. Each life is equally important and we should be reminded that even during a global pandemic we should not forget about the tragic loss of lives from other causes.

According to Briand, the over-exaggeration of the COVID-19 death number may be due to the constant emphasis on COVID-19-related deaths and the habitual overlooking of deaths by other natural causes in society. During an interview with The News-Letter after the event, Poorna Dharmasena, a master's candidate in Applied Economics, expressed his opinion about Briand's concluding remarks.

When asked whether the public should be informed about this exaggeration in death numbers, Dharmasena stated that people have a right to know the truth. However, COVID-19 should still continuously be treated as a deadly disease to safeguard the vulnerable population.

* Editors Note: Briand proved that there have been few to no excess deaths related to COVID because almost ALL deaths are listed as COVID-19 deaths even if one dies from cancer, a heart attack or any number of diseases that are NOT Covid. This is because the CDC sent a 7-page directive to all medical professionals with credentials to sign death certificates to list all deaths as Covid deaths when Covid is found on autopsy, or if COVID is suspected without medical confirmation, even if the death was caused by gun fire, car accident, heart attack, cancer or any number of other diseases. This is the scam of the century. Bigger than 9/11 but on the same order.



No Increase In Total Deaths From All Expected Causes In 2020

Hyperbolic COVID Modelling Oracle Predicts Nothing More Than Typical Winter Flu Season

Yesterday, the CBC wrote:

"*We are in a desperate situation, and when you see the [COVID] modelling, you'll fall off your chair*," [Ontario Premier] Ford said Friday during a news conference filled with dire warnings of what Ontario faces from COVID-19.

Fall off our chair laughing, as an Ontario nurse wrote me yesterday, his hospital's ER is running at half-capacity (despite "surging cases" of this common cold virus). Seems people are healthier than ever. Maybe they are getting more sleep during lockdown, more home-cooked meals? Or maybe they're just too darned scared to go to the hospital?

Yet Ford's consistently hyperbolic COVID modelling oracle sees "*the province's intensive care units to be filled beyond capacity by early February.*" Granted, that's actually a fair (and easy) prediction, considering that ICUs are often beyond capacity at this time of the year, as the CBC reported back in the pre-COVID days of January 2019.

And, yes, I would also agree with Premier-Dictator Ford's statement:

"*We are in a crisis, that's how I can describe it. It is scary. This is the most serious situation we've ever been in, ever, ever, since the beginning of this pandemic.*"

A "*crisis*" of government lies, inhumane control measures and economy-shattering lockdowns. This could indeed be the "*most serious*" situation we've seen since the beginning of the pandemic. After all, a dark of winter of lockdowns is already producing the following symptoms: Suicides. Domestic violence. Drug overdoses. Alcohol abuse. Psychological depression. Missed surgeries. Poverty-related illnesses. Neglect of the elderly and the list goes on...

If you don't have a No More Lockdown sign on your front lawn yet, please, ask yourself why not? If you haven't written your officials, why not? If you haven't lost friends speaking up against this evil, why not? If not you, who?

2017, 2018, 2019 and 2020 Have All Seen Similar Total Death Rates

As you've already seen in the carefully documented John' Hopkins student medical report, the total death rates have not climbed. What's happened is cancer, heart attacks, diabetes and most especially influenza are ALL at their lowest levels ever. Of course they're not at all. It's just that cancer, heart attacks, diabetes and most especially influenza and many other deadly disorders are ALL being losted as COVID-19 deaths.

The US COVID-19 death rate is so severely inflated that after very dilligent investigation and considering all of the data available, COVID-19 has killed a very small number of people compared to the 300,000+ figure touted 24/7 by the media.

What we'll see during the coming months, in February, March, April and May and beyond are people with Parainfluenza 1, 2, 3 or 4, respiratory syncytial virus, adenovirus or one of the other 4 corona viruses testing positive for COVID and having to quarantine for 14 days. They'll have a sore throat, some aches and pains and they'll recover just fine—because they never had COVID-19 in the first place. With the 100s of 1000s of false positives and equally false negatives, we'll never know who actually has COVID and who doesn't unless they show significant symptoms and submit to several additional, more accurate tests. Even then it could be Influenza, it could be COVID and it could be just a short RNA strand of an old, dead virus that wouldharm no one.

Your Coronavirus PCR Test Is Positive Maybe It Shouldn't Be?

By Apoorva Mandavilli
Published August 29th, 2020, Updated September 17th, 2020

The Usual PCR Diagnostic Tests May Simply Be Too Sensitive And Too Slow To Contain The Spread Of The Virus

PCR Tests Authorized by the F.D.A. Provide Only a Yes/No Answer to Infection and Will Identify as Positive (Relatively Non-contagious) Patients with Low Amounts of Virus in Their Bodies. "*This number of amplification cycles needed to find the virus (or small fragments of the virus' DNA),*

called the cycle threshold, is never included in the results sent to doctors and coronavirus patients, although it could tell them how infectious the patients are ..."

"*In three sets of testing data that include cycle thresholds, compiled by officials in Massachusetts, New York and Nevada, up to 90 percent of people testing positive carried barely any virus*."

"*Officials at the Wadsworth Center, New York's state lab ... identified 872 positive tests, based on a threshold of 40 cycles. (BUT) With a cutoff of 35, about 43 percent of those tests would no longer qualify as positive. (AND) About 63 percent would no longer be judged positive if the cycles were limited to 30.*"

"*In Massachusetts, from 85 to 90 percent of people who tested positive in July with a cycle threshold of 40 would have been deemed negative if the threshold were 30 cycles…I would say that none of those people should be contact-traced, not one*." Said Dr. Michael Mina, an epidemiologist at the Harvard T.H. Chan School of Public Health. Some of the nation's leading public health experts are raising a new concern in the endless debate over coronavirus testing in the United States: The standard tests are diagnosing huge numbers of people who may be carrying relatively insignificant amounts of the virus. Most of these people are not likely to be contagious and identifying them may contribute to bottlenecks that prevent those who are contagious from being found in time. But researchers say the solution is not to test less, or to skip testing people without symptoms, as recently suggested by the Centers for Disease Control and Prevention. Instead, new data underscore the need for more widespread use of rapid tests, even if they are less sensitive.

"*The decision not to test asymptomatic people is just really backward*," said Dr. Michael Mina, an epidemiologist at the Harvard T.H. Chan School of Public Health, referring to the C.D.C. recommendation.

"*In fact, we should be ramping up testing of all different people,*" he said, "*but we have to do it through whole different mechanisms.*"

In what may be a step in this direction, the Trump administration announced on Thursday that it would purchase 150 million rapid tests.

The most widely used diagnostic test for the new coronavirus, called a PCR test, provides a simple yes-no answer to the question of whether a patient is infected.

But similar PCR tests for other viruses do offer some sense of how contagious an infected patient may be: The results may include a rough estimate of the amount of virus in the patient's body.

"*We've been using one type of data for everything, and that is just plus or minus — that's all,*" Dr. Mina said. "*We're using that for clinical diagnostics, for public health, for policy decision-making.*"

But yes-no isn't good enough, he added. It's the amount of virus that should dictate the infected patient's next steps. "*It's really irresponsible, I think, to forgo the recognition that this is a quantitative issue*," Dr. Mina said.

The PCR test amplifies genetic matter from the virus in cycles; the fewer cycles required, the greater the amount of virus, or viral load, in the sample. The greater the viral load, the more likely the patient is to be contagious. This number of amplification cycles needed to find the virus, called the cycle threshold, is never included in the results sent to doctors and coronavirus patients, although it could tell them how infectious the patients are.

In three sets of testing data that include cycle thresholds, compiled by officials in Massachusetts, New York and Nevada, up to 90 percent of people testing positive carried barely any virus, a review by The Times found.

On Thursday, the United States recorded 45,604 new coronavirus cases, according to a database maintained by The Times. If the rates of contagiousness in Massachusetts and New York were to apply nationwide, then perhaps only 4,500 of those people may actually need to isolate and submit to contact tracing. One solution would be to adjust the cycle threshold used now to decide that a patient is infected. Most tests set the limit at 40, a few at 37. This means that you are positive for the coronavirus if the test process required up to 40 cycles, or 37, to detect the virus.

Tests with thresholds so high may detect not just live virus but also genetic fragments, leftovers from previous infection, often dead fragments, that pose no particular risk — akin to finding a

hair in a room long after a person has left, Dr. Mina said. Any test with a cycle threshold above 35 is too sensitive, agreed Juliet Morrison, a virologist at the University of California, Riverside. "*I'm shocked that people would think that 40 could represent a positive,*" she said.

A more reasonable cutoff would be 30 to 35, she added. Dr. Mina said he would set the figure at 30, or even less. Those changes would mean the amount of genetic material in a patient's sample would have to be 100-fold to 1,000-fold that of the current standard for the test to return a positive result — at least, one worth acting on.

"*It's just kind of mind-blowing to me that people are not recording the C.T. values from all these tests, that they're just returning a positive or a negative*," one virologist said.

The Food and Drug Administration said in an emailed statement that it does not specify the cycle threshold ranges used to determine who is positive, and that "*commercial manufacturers and laboratories set their own*."

The Centers for Disease Control and Prevention said it is examining the use of cycle threshold measures "*for policy decisions*." The agency said it would need to collaborate with the F.D.A. and with device manufacturers to ensure the measures "*can be used properly and with assurance that we know what they mean*."

The C.D.C.'s own calculations suggest that it is extremely difficult to detect any live virus in a sample above a threshold of 33 cycles. Officials at some state labs said the C.D.C. had not asked them to note threshold values or to share them with contact-tracing organizations.

For example, North Carolina's state lab uses the Thermo Fisher coronavirus test, which automatically classifies results based on a cutoff of 37 cycles. A spokeswoman for the lab said testers did not have access to the precise numbers. This amounts to an enormous missed opportunity to learn more about the disease, some experts said.

"*It's just kind of mind-blowing to me that people are not recording the C.T. values from all these tests — that they're just returning a positive or a negative,*" said Angela Rasmussen, a virologist at Columbia University in New York. "*It would be useful information to know if somebody's positive, whether they have a high viral load or a low viral load*," she added.

Words To Know About Testing For Covid-19
Confused By The Terms About Coronavirus Testing? Let Us Help:

• Antibody: A protein produced by the immune system that can recognize and attach precisely to specific kinds of viruses, bacteria, or other invaders.
• Antibody test/serology test: A test that detects antibodies specific to the coronavirus. Antibodies begin to appear in the blood about a week after the coronavirus has infected the body. Because antibodies take so long to develop, an antibody test can't reliably diagnose an ongoing infection. But it can identify people who have been exposed to the coronavirus in the past.
• Antigen test: This test detects bits of coronavirus proteins called antigens. Antigen tests are fast, taking as little as five minutes, but are less accurate than tests that detect genetic material from the virus.
• Coronavirus: Any virus that belongs to the Orthocoronavirinae family of viruses. The coronavirus that causes Covid-19 is known as SARS-CoV-2.
• Covid-19: The disease caused by the new coronavirus. The name is short for coronavirus disease 2019.
• Isolation and quarantine: Isolation is the separation of people who know they are sick with a contagious disease from those who are not sick. Quarantine refers to restricting the movement of people who have been exposed to a virus.
• Nasopharyngeal swab: A long, flexible stick, tipped with a soft swab, that is inserted deep into the nose to get samples from the space where the nasal cavity meets the throat. Samples for coronavirus tests can also be collected with swabs that do not go as deep into the nose — sometimes called nasal swabs — or oral or throat swabs.
• Polymerase Chain Reaction (PCR): Scientists use PCR to make millions of copies of genetic material in a sample. Tests that use PCR enable researchers to detect the coronavirus even when it is scarce.
• Viral load: The amount of virus in a person's body. In people infected by the coronavirus, the viral load may peak before they start to show symptoms, if symptoms appear at all.

"*I'm really shocked that it could be that high — the proportion of people with high C.T. value results*," said Dr. Ashish Jha, director of the Harvard Global Health Institute. "*Boy, does it really change the way we need to be thinking about testing*."

Dr. Jha said he had thought of the PCR test as a problem because it cannot scale to the volume,

frequency or speed of tests needed. "*But what I am realizing is that a really substantial part of the problem is that we're not even testing the people who we need to be testing,*" he said. The number of people with positive results who aren't infectious is particularly concerning, said Scott Becker, executive director of the Association of Public Health Laboratories.

"*That worries me a lot, just because it's so high*," he said, adding that the organization intended to meet with Dr. Mina to discuss the issue. The F.D.A. noted that people may have a low viral load when they are newly infected. A test with less sensitivity would miss these infections. But that problem is easily solved, Dr. Mina said: "*Test them again, six hours later or 15 hours later or whatever*," he said.

A rapid test would find these patients quickly, even if it were less sensitive, because their viral loads would quickly rise. PCR tests still have a role, he and other experts said. For example, their sensitivity is an asset when identifying newly infected people to enroll in clinical trials of drugs. But with 20 percent or more of people testing positive for the virus in some parts of the country, Dr. Mina and other researchers are questioning the use of PCR tests as a frontline diagnostic tool. People infected with the virus are most infectious from a day or two before symptoms appear till about five days after.

But at the current testing rates, "*you're not going to be doing it frequently enough to have any chance of really capturing somebody in that window*," Dr. Mina added. Highly sensitive PCR tests seemed like the best option for tracking the coronavirus at the start of the pandemic. But for the outbreaks raging now, he said, what's needed are coronavirus tests that are fast, cheap and abundant enough to frequently test everyone who needs it — even if the tests are less sensitive.

"*It might not catch every last one of the transmitting people, but it sure will catch the most transmissible people, including the superspreaders*," Dr. Mina said. "*That alone would drive epidemics practically to zero.*"

Apoorva Mandavilli is a reporter focusing on science and global health.
She is the 2019 winner of the Victor Cohn Prize for Excellence in Medical Science Reporting.
@apoorva_nyc

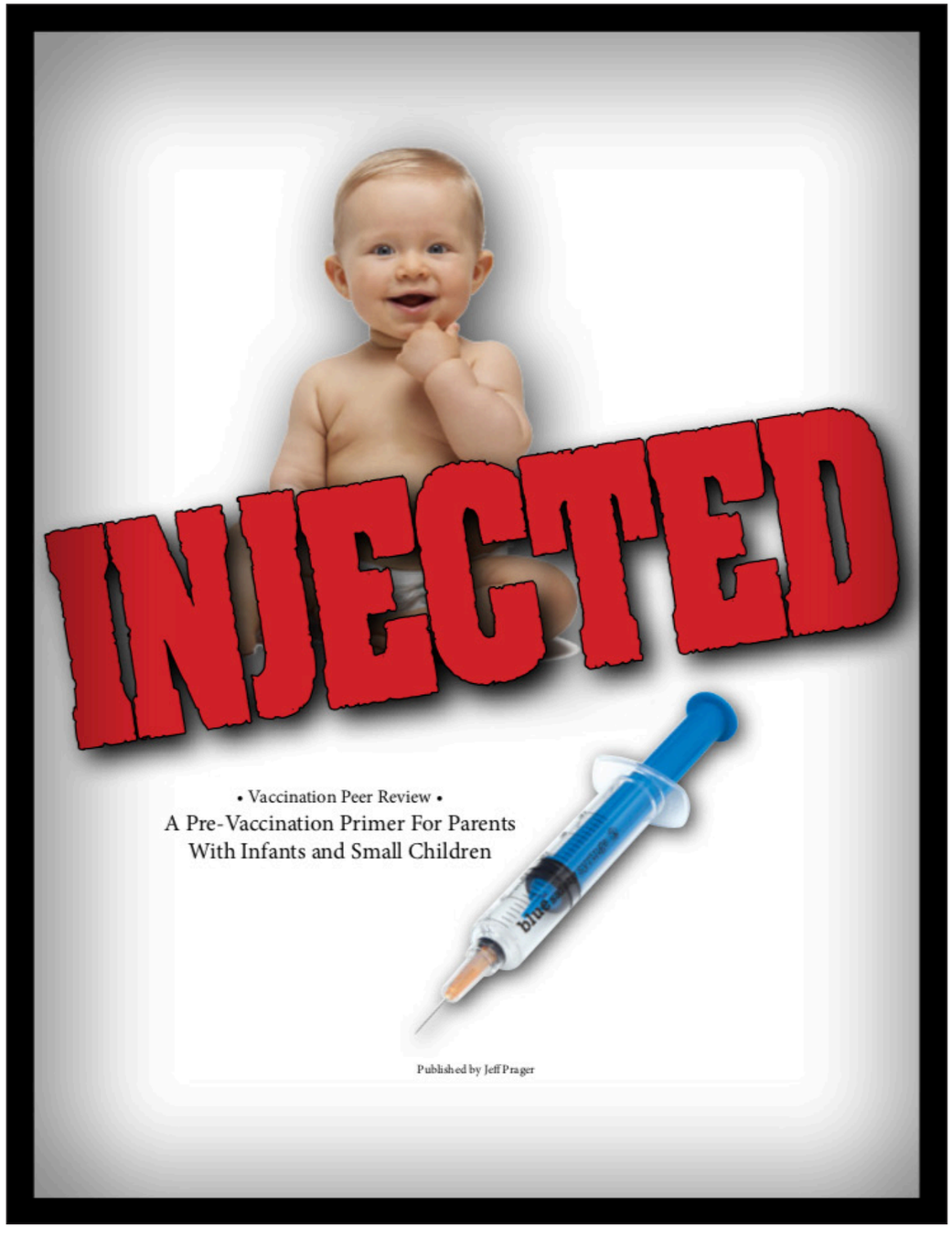
Jun 27, 2020 765

COVID19 PCR Tests are Scientifically Meaningless

Though the whole world relies on RT-PCR to "diagnose" Sars-Cov-2 infection, the science is clear: they are not fit for purpose

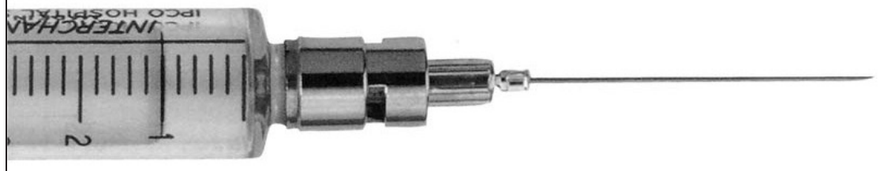
Torsten Engelbrecht and Konstantin Demeter





THE VIRUS AND THE VACCINE

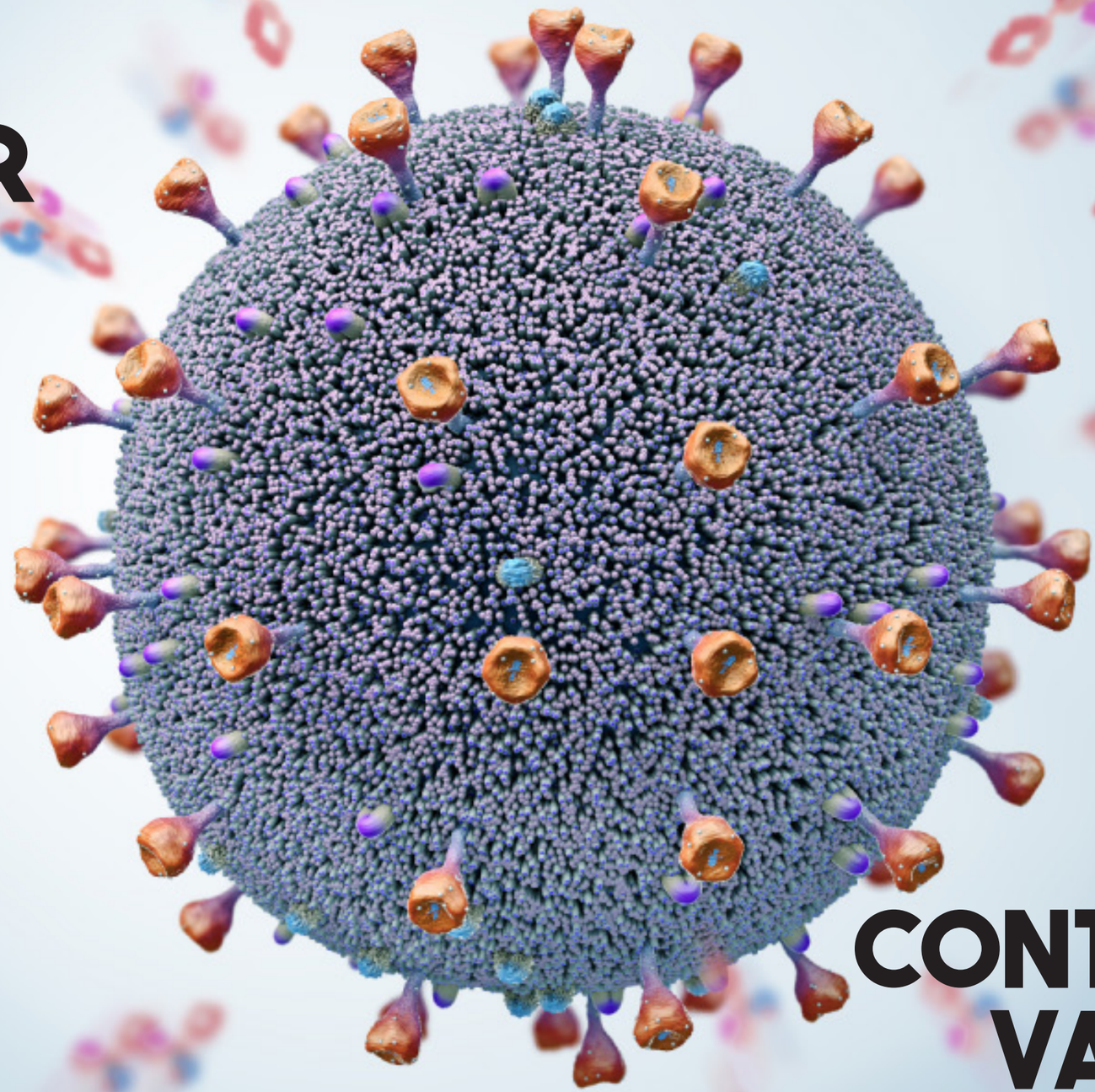
CONTAMINATED VACCINE, DEADLY CANCERS, and GOVERNMENT NEGLECT



"This well-researched, well-documented book unfurls a compelling scientific saga....
Not only that, it's written with the zing of a medical thriller, featuring fully realized characters,
dramatic conflicts, high-level politics, and scientific egos big enough to
levitate Stone Mountain."—*ATLANTA JOURNAL-CONSTITUTION*

DEBBIE BOOKCHIN & JIM SCHUMACHER

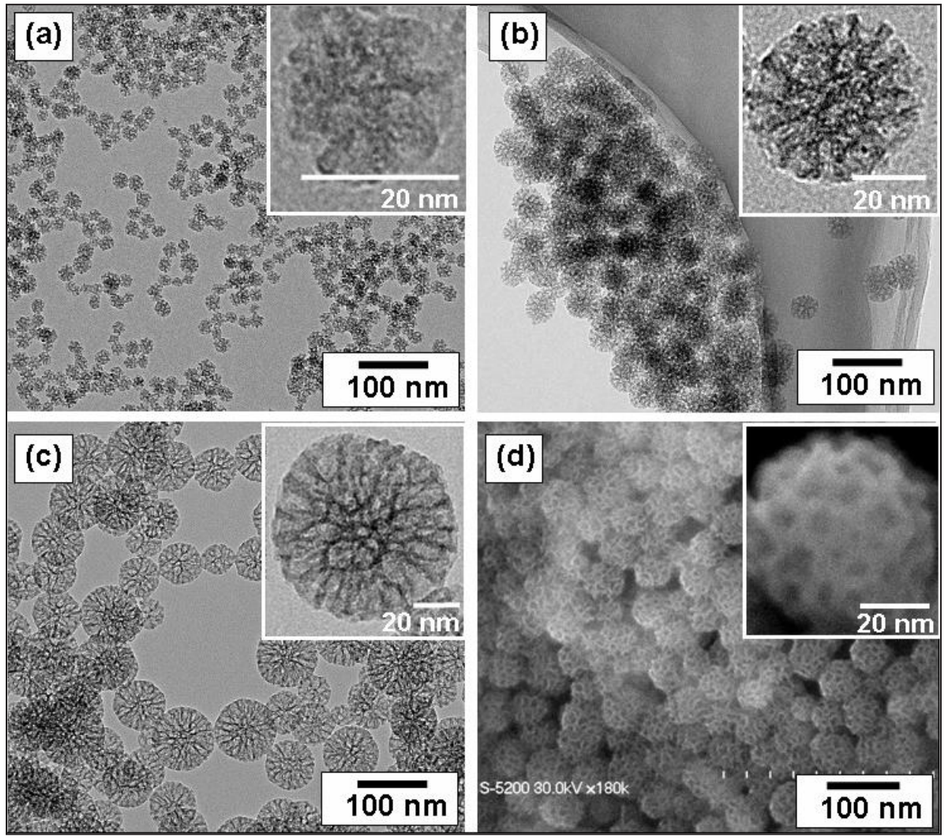
CHAPTER TWO



CONTAMINATED VACCINES

ALL VACCINES ARE:

CONTAMINATED!



The investigations verified the physical-chemical composition of the vaccines considered according to the inorganic component as declared by the Producer. In detail, we verified the presence of saline and Aluminum salts, but further presence of micro-, sub- micro- and nanosized, inorganic, foreign bodies (ranging from 100nm to about ten microns) was identified in all cases, whose presence was not declared in the leaflets delivered [by law] in the package of the product.



Side effects have always been reported but in the latest years it seems that they have increased in number and seriousness, particularly in children as the American Academy of pediatrics reports [1,2]. For instance, the diphtheria-tetanus-pertussis (DTaP) vaccine was linked to cases of sudden infant death syndrome (SIDS) [3]; measles-mumps-rubella vaccine with autism [4,5]; multiple immunizations with immune disorders [6]; hepatitis B vaccines with multiple sclerosis, etc.

The notice of Tripedia DTaP by Sanofi Pasteur reports "Adverse events reported during post-approval use of Tripedia vaccine include idiopathic thrombocytopenic purpura, SIDS, anaphylactic reaction, cellulitis, autism, convulsion/grand mal convulsion, encephalopathia, hypotonia, neuropathy, somnolence and apnea". The epidemiological studies carried out did not show a clear evidence of those associations, even if in 2011 the National Academy of Medicine (formerly, IOM) admitted: "Vaccines are not free from side effects, or adverse effects"

Source: Gatti AM, Montanari S (2016) New Quality-Control Investigations on Vaccines: Micro- and Nanocontamination. Int J Vaccines Vaccin 4(1): 00072. DOI: 10.15406/ijvv.2017.04.00072 (Full text on the following pages).
https://medcraveonline.com/IJVV/new-quality-control-investigations-on-vaccines-micro--and-nanocontamination.html

The International Journal of Vaccines and Vaccination

New Quality-Control Investigations on Vaccines: Micro- and Nanocontamination

Volume 4 Issue 1 - 2017

Antonietta M Gatti [1,2] and Stefano Montanari [3]

1. National Council of Research of Italy,
Institute for the Science and Technology of Ceramics, Italy
2. International Clean Water Institute, USA

Dr. Antonietta Gatti, National Council of Research of Italy, c/o Nanodiagnostics
Via E. Fermi, 1/L, 41057 San Vito (MO), Italy
Tel: 059798778; Email: gatti@nanodiagnostics.it

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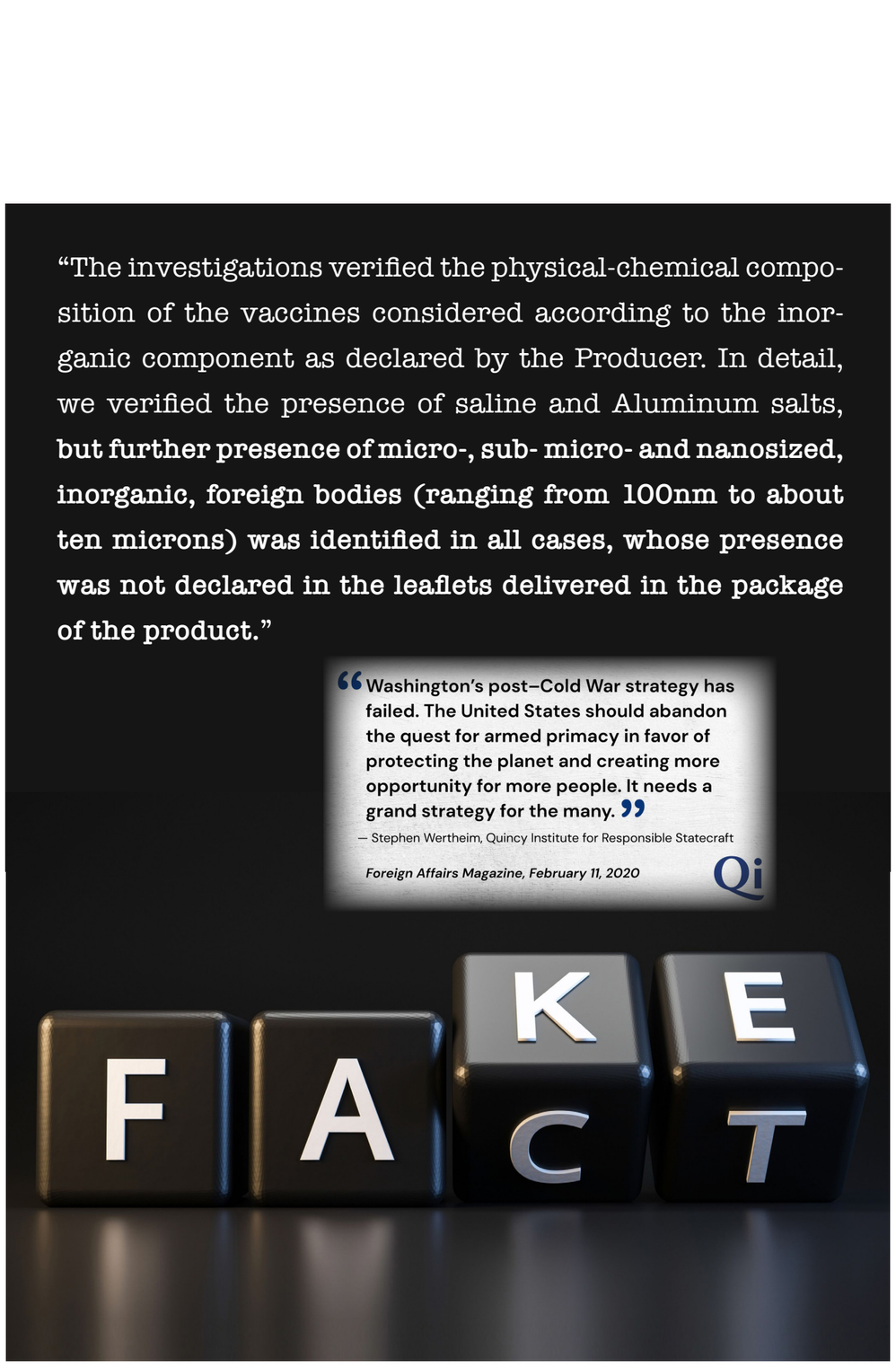
Published: January 23, 2017

ABSTRACT

Vaccines are being under investigation for the possible side effects they can cause. In order to supply new information, an electron-microscopy investigation method was applied to the study of vaccines, aimed at verifying the presence of solid contaminants by means of an Environmental Scanning Electron Microscope equipped with an X-ray microprobe. The results of this new investigation show the presence of micro- and nanosized particulate matter composed of inorganic elements [plastics, metals, etc.] in vaccines' samples which is not declared among the components and whose unduly presence is, for the time being, inexplicable. A considerable part of those particulate contaminants have already been verified in other matrices and reported in literature as non biodegradable and non biocompatible. The evidence collected is suggestive of some hypotheses correlated to diseases that are mentioned and briefly discussed.

Vaccines are one of the most notable inventions meant to protect people from infectious diseases. The practice of variolation is century-old and is mentioned in Chinese and Indian documents dated around 1000 A.D. Over time, variolation has been replaced by vaccination, vaccines have been enhanced as to technology, and the vaccination practice is now standardized worldwide.

"The investigations verified the physical-chemical composition of the vaccines considered according to the inorganic component as declared by the Producer. In detail, we verified the presence of saline and Aluminum salts, **but further presence of micro-, sub- micro- and nanosized, inorganic, foreign bodies (ranging from 100nm to about ten microns) was identified in all cases, whose presence was not declared in the leaflets delivered in the package of the product.**"



Side effects have always been reported but in the latest years it seems that they have increased in number and seriousness, particularly in children as the American Academy of pediatrics reports [1,2]. For instance, the diphtheria-tetanus-pertussis (DTaP) vaccine was linked to cases of sudden infant death syndrome (SIDS) [3]; measles-mumps-rubella vaccine with autism [4,5]; multiple immunizations with immune disorders [6]; hepatitis B vaccines with multiple sclerosis, etc.

The notice of Tripedia DTaP by Sanofi Pasteur reports "*Adverse events reported during post-approval use of Tripedia vaccine include idiopathic thrombocytopenic purpura, SIDS, anaphylactic reaction, cellulitis, autism, convulsion/grand mal convulsion, encephalopathia, hypotonia, neuropathy, somnolence and apnea*". The epidemiological studies carried out did not show a clear evidence of those associations, even if in 2011 the National Academy of Medicine (formerly, IOM) admitted: "*Vaccines are not free from side effects, or adverse effects*"[7].

Specific researches on components of the vaccines like adjuvants (in most instances, Aluminum salts) are already indicated as possible responsible of neurological symptoms [8-10] and in some cases, in-vivo tests and epidemiological studies demonstrated a possible correlation with neurological symptoms [8-10] and in some cases, in-vivo tests and epidemiological studies demonstrated a possible correlation with neurological diseases [10,11]. Neurological damages induced in patients under hemodialysis treated with water containing Aluminum are reported in literature [12].

Recently, with the worldwide-adopted vaccines against Human Papillomavirus (HPV), the debate was reawakened due to some adverse effects reported by some young subjects.

Specific studies communicated the existence of symptoms related to never-described-before syndromes developed after the vaccine was administered. For instance, Complex Regional Pain Syndrome (CRPS), Postural Orthostatic Tachycardia Syndrome (POTS), and Chronic Fatigue Syndrome (CFS) [13]. The side-effects [the effects] that can arise within a relatively short time can be local or systemic.

Pain at the site of injection, swelling and uncontrollable movement of the hands (though this last symptom can also be considered systemic) are described. Among the systemic effects, fever, headache, irritability, epileptic seizures, temporary speech loss, lower limbs dysaesthesia and paresis, hot flashes, sleep disorders, hypersensitivity reactions, muscle pain, recurrent syn-



cope, constant hunger, significant gait impairment, incapacity to maintain the orthostatic posture are reported [14].

It is a matter of fact that every day millions of vaccine doses are administered and nothing notable happens, but it is also irrefutable that, regardless of the amount of side effects that are not recorded and the percentage of which remains in fact unknown, in a limited number cases something wrong occurs. No satisfactory explanation or, in many cases, no explanation at all has been given and it seems that those adverse effects happen on a random and stochastic basis.

Those situations induced us to verify the safety of vaccines from a point of view which was never adopted before: not a biological, but a physical approach. So, we developed a new analysis method based on the use of a Field Emission Gun Environmental Scanning Electron Microscope investigations to detect possible physical contamination in those products.

Materials and Methods

44 types of vaccines coming from 2 countries (Italy and France) were analyzed. Table 1 groups them in terms of name, brand and purpose.

Some vaccines, in fact a minority, are meant to deal with a single bacterium or virus, while others are multi-valent. The list of vaccines we analyzed may contain repeated names, because we considered different batches and years of production of the same vaccine: the ones against influenza in particular.

A drop of about 20 microliter of vaccine is released from the syringe on a 25-mm-diameter cellulose filter (Millipore, USA), inside a flow cabinet. The filter is then deposited on an Aluminum stub covered with an adhesive carbon disc. The sample is immediately put inside a clean box in order to avoid any contamination and the box is re-opened only for the sample to be inserted inside the FEG-ESEM chamber. We selected that particular type of microscope as it allows to analyse watery and oily samples in low vacuum (from 10 to 130 Pa) at a high sensitivity.

The study was aimed at verifying a possible physical contamination. To do that, we performed a new kind of investigation based on observations under a Field Emission Gun Environmental Electron Scanning Microscope (FEG-ESEM, Quanta 200, FEI, The Netherlands) equipped with

Table 1: List of vaccines analyzed, according to their purpose.

N	Name	Brand Name, Country of Distribution	Description	Production Batch, Expiry Date
1	Vivotif Berna	Berna Biotech SA, Italy	Anti-Thyphoid Vaccine (Live), group Ty21a	3000336 [2004]
2	Typhim Vi	Aventis Pasteur MSD, Italy	Anti-Salmonella typhi Vaccine	U1510-2 [2004]
3	Typherix	GlaxoSmithKline S.p.a., Italy	Anti-Thypoid Vaccine (polysaccharide Vi)	ATYPB061BB [2009]
4	Anatetall	Chiron (now Novartis) Italy	Adsorbed anti-Tetanus Vaccine	030106 [2004]
5	Anatetall	Novartis Vaccines and Diagnostics, Italy	Adsorbed anti-Tetanus Vaccine	060510 [2009]
6	Tetabulin	Baxter AG, Italy	Adsorbed anti-Tetanus Vaccine	VNG2G006A [2009]
7	Dif-Tet-All	Novartis Vaccines and Diagnostics, Italy	Adsorbed anti-Tetanus and diphtheria Vaccine	070501 [2009]
8	Infanrix	GlaxoSmithKline S.p.a., Italy	Anti-Diphtheria, tetanus and pertussis vaccine	AC14B071AJ [2009]
9	Infanrix hexa	GlaxoSmithKline Biologicals s, Italy	Anti-diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis and disease caused by Haemophilus influenzae type b	A21CC512A [2017]
10	Infanrix hexa	GlaxoSmithKline Biologicals s. a. France	Anti-diphtheria, tetanus, pertussis, hepatitis B, poliomyelitis and disease caused by Haemophilus influenzae type b	A21CC421A [2017]
11	M-M-R vaxPro	Sanofi Pasteur MSD, Italy	M-M-R vaxPro (measles, mumps, and rubella) analyzed in Cambridge	L012437 [2017]
12	Repevax	Sanofi Pasteur MSD, France	Anti-diphtheria-tetanus-pertussis-polio-vaccine	L0362-1 [2017]
13	Repevax	Sanofi Pasteur MSD SNC France	Anti-diphtheria-tetanus-pertussis-polio-vaccine	L0033-1 [2016]
14	Priorix	GlaxoSmithKline S.p.a., Italy	Anti--measles-mumps, and rubella (MMR) vaccine	A69CB550A [2009]
15	Morupar	Chiron (now Novartis,), Italy	Anti-measles- mumps, and rubella (MMR) vaccine	7601 [2004]
16	Varilrix	GlaxoSmithKline S.p.a., Italy	Anti-Chicken pox vaccine (group OKA)	A70CA567A [2009]
17	Stamaril Pasteur	Sanofi Pasteur MSD, Italy	anti-yellow fever vaccine	A5329-6 [2009]
18	Allergoid-Adsorbat 6-Graser Starke B.	Allergopharma, Germany	Antiallergic vaccine	Ch-B.:30005999-B [2006]
19	Engerix-B	GlaxoSmithKline S.p.a., Italy	Adsorbed anti-hepatitis B vaccine	AHBVB468BD [2009]
20	Prenevar 13	Pfizer, Italy	Antipneumococcal vaccine	G79324 [2013]
21	Prevenar 13	Pfizer, France	Antipneumococcal vaccine	N27430 [2018]
22	Mencevax Acwy	GlaxoSmithKline, Italy	anti-Neisseria meningococcal group A, C, W135 and Y vaccine	N402A47B 12 [2004]
23	Meningitec	Pfizer, Italy	(group C 10) (adsorbed on Al-Phosphate)	H92709 [2015]
24	Meningitec	Pfizer-Italy	Anti-meningococcus (group C 10) vaccine (adsorbed on Al-Phosphate)	H20500 [2014]

the X-ray microprobe of an Energy Dispersive Spectroscope (EDS, EDAX, Mahwah, NJ, USA) to detect the possible presence of inorganic, particulate contaminants and identify their chemical composition.

When the water and saline the vaccine contains are evaporated, the biological/physical components emerge on the filter and it is then possible to observe them.

This type of (low-vacuum observations) prevents the possible sample contamination and the creation of artefacts. The observations are made with different sensors (SE: secondary-electron sensor and BSE: backscattered-electron sensor), and are performed at a pressure of 8.9 e-1 mbar, at energies ranging from 10 to 30kV to detect the particulate matter's size, morphology and its elemental composition. The method identifies clearly inorganic bodies with a higher atomic density (looking whiter) than the biological substrate.

So, organic entities are visible and easy to distinguish from inorganic ones. The method cannot distinguish between proteins and organic adjuvants (e.g. squalene, glutamate, proteins, etc.) or viruses, bacteria, bacteria's DNA, endo-toxins and bacteria's waste, but their comparatively low atomic density allows us to identify these entities as organic matter. In some vaccines, the organic matter contains white-looking debris named aggregates, while a high concentration or inorganic debris is called a cluster.

Single inorganic particles or organic-inorganic aggregates are identified, evaluated and counted. The counting procedure is repeated three times by three different operators, with an error lower than 10%. When a layer of salts (Sodium chloride or Aluminum) is detected, we record the situation but we do not do body count.

The investigations verified the physical-chemical composition of the vaccines considered according to the inorganic component as declared by the Producer. In detail, we verified the presence of saline and Aluminum salts, but further presence of micro-, sub- micro- and nanosized, inorganic, foreign bodies (ranging from 100nm to about ten microns) was identified in all cases, whose presence was not declared in the leaflets delivered in the package of the product (Table 2).

Table 1: List of vaccines analyzed, according to their purpose, continued.

25	Meningitec	Pfizer-Italy	Anti-meningococcus vaccine sequestred by Procura della Repubblica	G76673 [2014]
26	Meningitec	Pfizer-Italy	Anti-meningococcus vaccine sequestred by Procura della Repubblica	H99459 [2015]
27	Meningitec	Pfizer-Italy	Anti-meningococcus vaccine sequestred by Procura della Repubblica	H52269 [2015]
28	Menjugate	Novartis Vaccines and Diagnostics	Anti-meningococcus group C	YA0163AB [2010]
29	Menveo	Novartis Vaccines and Diagnostics	Antimeningococcus groups A, C, W135, Y	A15083 [2017]
30	Meningitec	Wyeth Pharmaceutical - France	Anti-meningococcus group C vaccine	E83920 [2011]
31	Inflexal V	Berna Biotech	Anti-flu vaccine 2008/2009	3001463-01 [2009]
32	Vaxigrip	Sanofi Pasteur MSD	Anti-flu vaccine 2008/2009	D9703-1 [2009]
33	Vaxigrip	Sanofi Pasteur	Anti-flu vaccine 2012/2013	J8401-1 [2013]
34	Vaxigrip	Sanofi Pasteur, Italy	Anti-flu vaccine, with inactivated and split virus	M7319-1 [2016]
35	Focetria	Novartis Vaccines and Diagnostics	Anti-pandemic flu H1N1 vaccine	0902401 [2010]
36	Agrippal	Novartis	Anti-flu vaccine 2012/2013	127002A [2013]
37	Agrippal	Novartis vaccines, Italy	Anti-flu vaccine with inactivated and split virus 2015/2016 -	152803 [2016]
38	Agrippal S1	Novartis Vaccines and Diagnostics	Anti-flu inactivated/superficial antigene v - 2014/2015	147302A [2015]
39	Fluarix	GlaxoSmithKline - GSK	Anti-flu vaccine 2013	AFLUA789AA [2014]
40	Fluad	Novartis Vaccines and Diagnostics	Anti-flu inactivated/superficial antigene vaccine - 2014/2015	142502 [2015]
41	Gardasil	Sanofi Pasteur MSD, Italy	Anti-HPV types 6,11,16,18 vaccine	NP01250 [2012]
42	Gardasil	Sanofi Pasteur MSD, Italy	Anti-HPV (types 6,11,16,18) vaccine	K023804 [2016]
43	Cervarix	GlaxoSmithKline Biological, Italy	Anti-HPV (type 16,18)	AHPVA238AX [2017]
44	Feligen CRP	Virbac S.A. - Carros - Italy	anti-panleucopenia, infectious rhinotracheitis and infections by Calcivirus, veterinary Vaccine for cats	3R4R [2013]

Table 2: List of the vaccines according to their manufacturers with the chemical composition of the debris identified in each sample. The elements most represented are reported.

N	Company	Name	Alluminum	Elements Identified
1	Allergopharma - Germany	Allergoid	yes	Al
2	Aventis Pasteur MSD Lyon - Francie	Typhim Vi	no	BrKP, PbSi, FeCr, PbClSiTi
3	Baxter AG	Tetabulin	no	SiMg, Fe, SiTiAl, SBa, Zn
4	Berna Biotech	Vivotif Berna	no	FeAl, ZrAlHf, SrAl, BiAlCl
5	Berna Biotech	Inflexal V	no	CuSnPbZn, Fe, CaSiAl, SiAl, NaPZn, ZnP, AlSiTi
6	Chiron	Anatetall	$Al(OH)_3$	FeAl, SZnBaAl
7	Chiron	Morupar	no	/
8	GlaxoSmithKline- Belgium	Mencevax ACWY	no	FeCrNi, ZrAl, FeCrNiZrAlSi
9	GlaxoSmithKline	Infanrix	$Al(OH)_3$	Al, AlTi, AlSi
10	GlaxoSmithKline Biologicals	Infanrix hexa	$Al(OH)_3$	SBa, FeCu, SiAl, FeSi, CaMgSi, AlCaSi, Ti, Au, SCa, SiAlFeSnCuCrZn, CaAlSi
11	GlaxoSmithKline Biologicals	Infanrix hexa	$Al(OH)_3$,$AlPO_4$. $2H_2O$	W, FeCrNi, Ti
12	GlaxoSmithKline	Typherix	no	Ti, TiW, AlSiTiWCr, SBa, W, SiAl, AlSiTi
13	GlaxoSmithKline	Priorix	no	WCa, WFeCu, SiAl, SiMg, PbFe, Ti, WNiFe
14	GlaxoSmithKline	Engerix-B	no	Al (precipitates)
15	GlaxoSmithKline	Varilrix	no	FeZn, FeSi, AlSiFe, SiAlTiFe, MgSi, Ti, Zr, Bi
16	GlaxoSmithKline	Fluarix	no	AlCu, Fe, AlBi, Si, SiZn, AlCuFe, SiMg, SBa, AlCuBi, FeCrNi, SPZn
17	GlaxoSmithKline Biologicals	Cervarix	$Al(OH)_3$	AlSi,FeAl, SiMg,CaSiAl, CaZn, FeAlSi, FeCr, CuSnPb
18	Novartis Vaccines and Diagnostics	Anatetall	$Al(OH)_3$	Al, FeCrNi, AlCr, AlFe, BaS, ZnAl
19	Novartis Vaccines and Diagnostics	Dif-Tet-All	$Al(OH)_3$	Fe,SBa, SiSBa, AlZnCu, AlZnFeCr
20	Novartis Vaccines and Diagnostics	Menjugate kit	$Al(OH)_3$	SiAl,Ti,FeZn, Fe, Sb, SiAlFeTi, W, Zr
21	Novartis Vaccines and Diagnostics	Focetria	no	Fe, FeCrNiCu, FeCrNi, SiFeCrNi, Cr, SiAlFe, AlSiTiFe, AlSi, SiMgFe, Si, FeZn

Table 2 continued

22	Novartis	Agrippal S1	no	Ca, Fe, SBa, SBaZn, Cr, Si, Pb, Bi, e FeSiAlCr, SiAlSBaFe, CaAlSi, Zn, CeFeTiNi, FeCrNi
23	Novartis Vaccines and Diagnostics	Agrippal S1	no	SiAlK, Si, SiMgFe, CaSiAl, SBaZn
24	Novartis vaccines	Agrippal	no	Cr, Ca, SiCaAl, ZrSi, SBa, CuZn, SCa
25	Novartis Vaccines and Diagnostics S	Fluad	no	CaSiAl, FeSiTi,SiMgAlFe, SBa
26	Novartis Vaccines and Diagnostics	Menveo	no	CaSiAl, SiAlFe, FeCrNi, Fe, Al, SBa
27	Pfizer	Prenevar 13	no	FeCr
28	Pfizer	Prevenar 13	no	W, CaAlSi, Al, CaSiAlFe, FeS, FeCr, FeCrNi, Fe, , CaP, FeTiMn, Ba, SiMgAlFe
29	Pfizer	Meningitec - ctrl	no	Cr, Si
30	Pfizer	Meningitec - ctrl	no	FeCrNi, W
31	Pfizer	Meningitec	no	CaSiAl, CaSi, SiAlFeTi, FeCrNi, W, Fe, Pb
32	Pfizer	Meningitec	no	Cr (precipitates), Ca, AlSi
33	Pfizer	Meningitec	no	W, SiCa, CaSi, Pb, FeCrNi, Cr
34	Wyeth Pharmaceutical - UK	Meningitec	no	SiAlFe, SiAlTi, SiMgFe, W, Fe, Zr, Pb, Ca, Zn, FeCrNi
35	Sanofi Pasteur MSD-France	Vaxigrip	no	Fe, FeCrNi, SiAlFe, AlSi, SiAlFeCr
36	Sanofi Pasteur MSD	Stamaril Pasteur	no	CaSiAl, AlSi, Fe, SiMgFe, SiMgAlFe, CrSiFeCr, CrSiCuFe
37	Sanofi Pasteur MSD	Gardasil	$AlPO_4$. $2H_2O$	AlCuFe, PbBi, Pb, Bi, Fe
38	Sanifi Pasteur MSD	Gardasil	$AlPO_4$. $2H_2O$	CaAlSi, AlSi, SiMgFe, Al,Fe, AlCuFe, FeSiAl, BiBaS, Ti, TiAlSi
39	Sanofi Pasteur	Vaxigrip	no	Ca, CrFe, FeCrNi, CaSZn, CaSiAlTiFe, Ag, Fe
40	Sanofi Pasteur	Vaxigrip	no	SiMgFe, CaSiAl, AlSiFe, AlSi,FeCr, FeZn, Fe
41	Sanofi Pasteur MSD	Repevax	$AlPO_4$.$2H_2O$	Bi, Fe, AlSiFe, SiMg, SBa, Ca
42	Sanofi Pasteur MSD S	Repevax	$AlPO_4$.$2H_2O$	Ti, Br, AuCuZn, Ca, SiZn, SiAuAgCu, SiMgFe,FeCrNi. AlSiMgTiMnCrFe, SiFeCrNi, FeAl
43	Sanofi Pasteur MSD	M-M-R vaxPro	no	Si, SiFeCrNi, FeCrNi,FeNi, Fe, SCa, AlSiCa, CaAlSiFeV, SBa, Pt , PtAgBiFeCr
44	Virbac S.A. - Carros - France	Feligen CRP	no	Ca,SiAl

Figure 1a shows a layer of crystals of Sodium chloride (NaCl) embedding salts of Aluminum phosphate ($AlPO_4$) in a drop of Gardasil (anti-HPV vaccine by Merck) as the EDS spectrum Gardasil (anti-HPV vaccine by Merck) as the EDS spectrum (Figure 1b) shows.

Saline is the fluid base to any vaccine preparation and Aluminum salts or Aluminum hydroxide [$Al(OH)_3$] are the adjuvants which are usually added.

Looking at the area outside these precipitates but inside the liquid drop, we identified other things: single particles, clusters of particles and aggregates (organic-inorganic composites) that are due to an interaction of the inorganic particulate matter with the organic part of the vaccine.

Figure 2a-2f shows the different typology of entities identified in the vaccines (Repevax, Prevenar and Gardasil); single particles, cluster of micro- and nanoparticles (<100nm) and aggregates with their EDS spectra (Figure 2d-2f).

The images (Figure 2a & 2d) show debris of Aluminum, Silicon, Magnesium and Titanium; of Iron, Chromium, Silicon and Calcium particles (Figure 2b & 2e) arranged in a cluster, and Aluminum -Copper debris (Figure 2c & 2f) in an aggregate.

As can be seen, the particles are surrounded and embedded in a biological substrate. In all the samples analyzed, we identified particles containing: Lead (Typhym, Cervarix, Agrippal S1, Meningitec, Gardasil) or stainless steel (Mencevax, Infarix Hexa, Cervarix. Anatetall, Focetria, Agrippal S1, Menveo, Prevenar 13, Meningitec, Vaxigrip, Stamaril Pasteur, Repevax and MMRvaxPro).

Figure 3a-3d show particles of Tungsten identified in drops of Prevenar and Infarix (Aluminum, Tungsten, Calcium chloride).

Figure 4a-4d present singular debris found in Repevax (Silicon, Gold, Silver) and Gardasil (Zirconium).

Table 3 summarizes the number and morphology of the debris identified, in term of single particles, clusters of particles or aggregates (organic-inorganic compounds), while Figure 8 shows

the graph obtained calculating the total number of particles (particles plus clusters plus aggregates) identified for 20 microl of every vaccine.

Some metallic particles made of Tungsten or stainless steel were also identified. Other particles containing Zirconium, Hafnium, Strontium and Aluminum (Vivotif, Meningetec); Tungsten, Nickel, Iron (Priorix, Meningetec); Antimony (Menjugate kit); Chromium (Meningetec); Gold or Gold, Zinc (Infarix Hexa, Repevax), or Platinum, Silver, Bismuth, Iron, Chromium (MMRvaxPro) or Lead,Bismuth (Gardasil) or Cerium (Agrippal S1) were also found. The only Tungsten appears in 8/44 vaccines, while Chromium (alone or in alloy with Iron and Nickel) in 25/44.

The investigations revealed that some particles are embedded in a biological substrate, probably proteins, endo-toxins and residues of bacteria. As soon as a particle comes in contact with proteic fluids, a nano-bio-interaction [6] occurs and a "protein corona" is formed [7-10].

The nano-bio-interaction generates a bigger- sized compound that is not biodegradable and can induce adverse effects, since it is not recognized as self by the body.

Figure 5a-5f show examples of these nano-bio-interactions. Aggregates can be seen (stable composite entities) containing particles of Lead in Meningitec, (Figure 5a & 5b) of stainless steel (Iron, Chromium and Nickel, Figure 5c & 5d) and of Copper, Zinc and Lead in Cervarix (Figure 5e & 5f).

Similar aggregates, though in different situations (patients suffering from leukemia or cryoglobulinemia), have already been described in literature.

The link between these two entities generates an unfolding of the proteins that can induce an autoimmune effect once those proteins are injected into humans.

Figure 6a & 6b show one of the foreign bodies identified in Agrippal. The particle is composed of Cerium, Iron, Titanium and Nickel. (Figure 7a & 7b) present an area of Repevax where the morphology of red cells - we cannot tell whether they are human or animal- is clearly visible.

Table 3 summarizes the number and morphology of the debris identified, in term of single particles, clusters of particles or aggregates (organic-inorganic compounds), while Figure 8 shows

the graph obtained calculating the total number of particles (particles plus clusters plus aggregates) identified for 20 microl of every vaccine.

Similar aggregates were already described by other scientists who identified them in the blood e.g. in leukemic patients [15] and in subjects affected by cryoglobulinemia [16].

Not all the vaccines analyzed contain the same contamination, though the same vaccine belonging to different batches and, in some cases, coming from different countries can contain a similar contamination (e.g. the vaccines by Glaxo Infarix, Typherix and Priorix contain Tungsten.

Tungsten was also identified in Menjugate kit by Novartis, and Prevenar, Meningitec by Pfizer and Meningitec by Wyeth).

Feligen, the only veterinary vaccine tested, proved to be the only sample free from inorganic contamination, while Allergoid generates a layer of inorganic salts so thick that it does not allow to detect other particulate contaminants.

Figure 1: Crystals of saline solution and Aluminum Phosphate and corresponding EDS spectra.

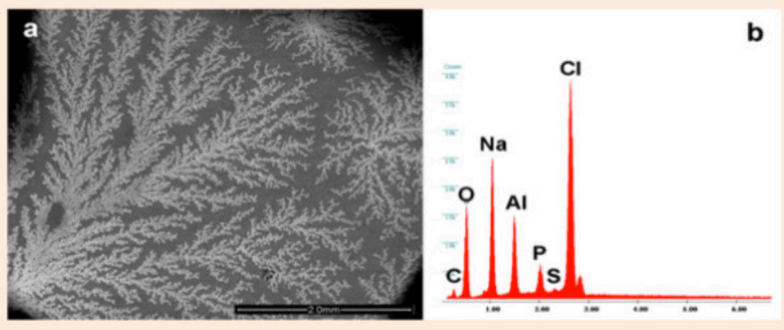


Figure 1: Crystals of saline solution and Aluminum Phosphate and corresponding EDS spectra.

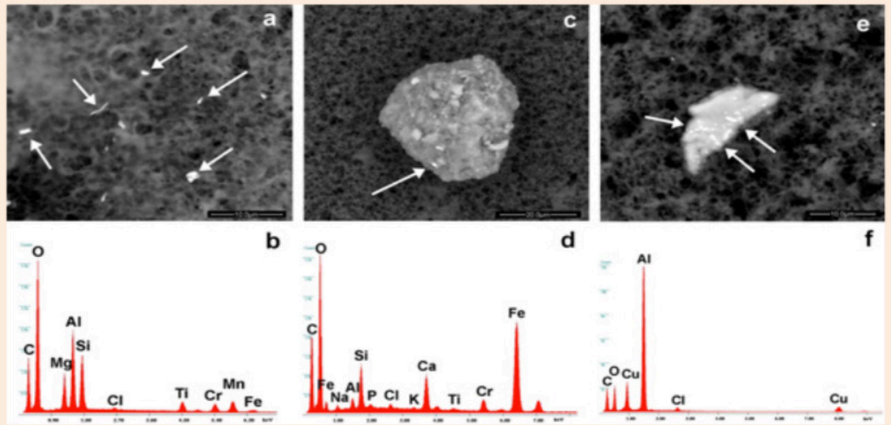


Figure 2: Images of single particles, cluster of micro- and nanoparticles (<100nm) andaggregates with their EDS spectra. They are respectively composed of (a,b) Aluminum, Silicon, Magnesium, Titanium, Chromium, Manganese, Iron, (c,d) Iron, Silicon, Calcium Titanium, Chromium, (e,f) Aluminum, Copper. The arrows show the points where EDS spectra were taken.

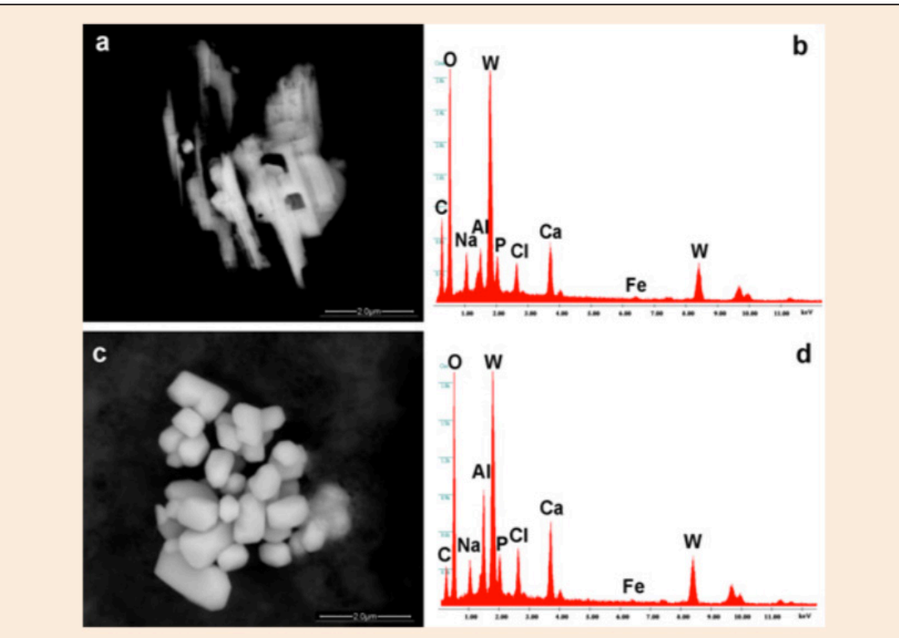


Figure 3: Images of Tungsten particles identified in drops of Prevenar and Infarix. They are composed respectively of Tungsten, Aluminum, Iron but in different concentrations. The arrows show the points where EDS spectra were taken.

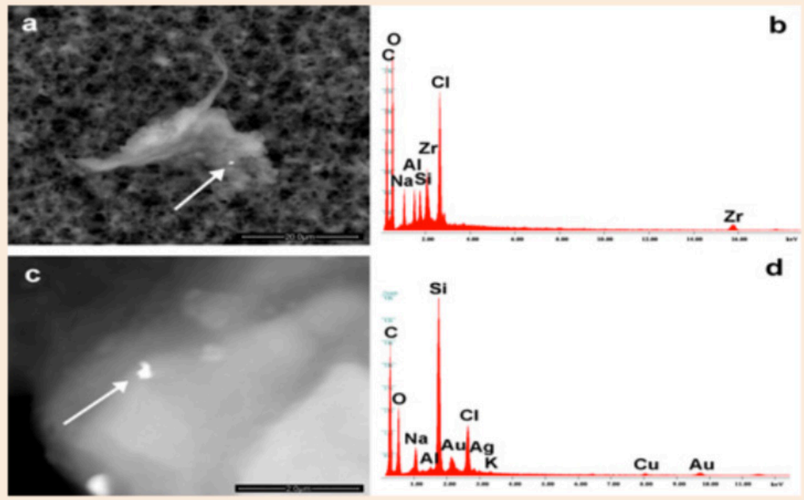


Figure 4: Images show examples of nano biointeraction. The aggregate (a,b) identified in Gardasil contains nanoparticles of Chlorine, Silicon, Aluminum, Zirconium, while the debris found in Repevax contains Silicon, Gold, Silver (c,d). The arrows show the points where EDS spectra were taken.

Table 3: List of the debris' number identified in each vaccine as single particle, clusters and aggregates. Characterization is made by shape, size range and variability of the number of particles counted in each aggregate [in brackets].

Name	Total Debris n.	Size Range in µm	Cluster n.	Size Range in µm	Aggregate n.(Range of Particles)	Size Range µm
Allergoid	NaCl precipitates	/	/	/	/	/
Typhim Vi	394	0,1-2,5			3[9-350]	2-35
Tetabulin	519	0,1-15			3[100-180]	25-60
Vivotif Berna	4	1,5-15				
Inflexal V	103	0,1-17	1	20	3[35-45]	10-25
Anatetall	2	1-3				
Morupar	/		/		/	
Mencevax ACWY	13	0,2-5				
Infanrix	3	1-5	1	25		
Infanrix hexa	1821	0,1-15			15[1820]	20-140
Infanrix hexa	162	0,3-7	12	60	2[7 debris]	3.5-44
Typherix	8	0,2-8	1	15		
Priorix	641	0,05-30	1	10	3[600]	20-70
Engerix-B	precipitates			/		
Varilrix	2723	0,1-4			36 [120-2000]	15-40
Fluarix	1317	0,1-40			3[83]	7-30
Cervarix	1569	0,2-3	2	5-10	4[1400]	8-30
Anatetall	47	0,05-40				
Dif-Tet-All	111	0,2-3				
Menjugate	73	0,1-5				
Focetria	35	0,7-10				
Agrippal S1	430	0,2-6	13	0.2-80	5[410]	20
Agrippal S1	1029	0,1-12			9[1025]	35-80
Agrippal	480	0,1-6			11[460]	2-80
Fluad	605	0,2-15	4	12-25	6[600]	70
Menveo	452	0,1-13			4[430]	30-110
Prenevar 13	precipitates + 5 debris	1-7				
Prevenar 13	precipitates + 81 debris	0,2-50	3	5-40	1 [60]	25
Meningitec	3	10-20				
Meningitec	24	8-60				
Meningitec	673	0,1-20	1	7	9[624]	5-110
Meningitec	precipitates + 40	0,1-3,5			2[40]	25-70
Meningitec	177	0,2-10			3[165]	15-100
Meningitec	241	0,1-15	1	50	2[230]	50
Vaxigrip	86	0,1-7			2[50]	2-2,5
Stamaril Pasteur	152	0,1-7	2	5-7	3[145]	4-20
Gardasil	304	0,05-3			1[300]	15
Gardasil	454	0.1-30	2	7-20	9[445]	5-60
Vaxigrip	304	0,1-10	1	13	2[300]	35
Vaxigrip	674	0,3-25	2	2-12	10[660]	9-150
Repevax	137	0,1-20			2[130]	40-50
Repevax	214	0,1-10			6[150]	5-30
M-M-R vaxPro	93	0,1-15			2[50]	Oct-15
Feligen CRP	92	0,1-12	1	12	1 (40 debris)	25

DISCUSSION

The quantity of foreign bodies detected and, in some cases, their unusual chemical compositions baffled us. The inorganic particles identified are neither biocompatible nor biodegradable, that means that they are biopersistent and can induce effects that can become evident either immediately close to injection time or after a certain time from administration. It is important to remember that particles (crystals and not molecules) are bodies foreign to the organism and they behave as such. More in particular, their toxicity is in some respects different from that of the chemical elements composing them, adding to that toxicity which, in any case, is still there, that typical of foreign bodies. For that reason, they induce an inflammatory reaction.

After being injected, those microparticles, nanoparticles and aggregates can stay around the injection site forming swellings and granulomas [17]. But they can also be carried by the blood circulation, escaping any attempt to guess what will be their final destination. We believe that in many cases they get distributed throughout the body without causing any visible reaction, but it is also likely that, in some circumstances, they reach some organ, none excluded and including the microbiota, in a fair quantity. As happens with all foreign bodies, particularly that small, they induce an inflammatory reaction that is chronic because most of those particles cannot be degraded. Furthermore, the protein- corona effect (due to a nano-bio-interaction [18]) can produce organic/inorganic composite particles capable of stimulating the immune system in an undesirable way [19-22]. It is impossible not to add that particles the size often observed in vaccines can enter cell nuclei and interact with the DNA [23].

In some cases, e.g. as occurs with Iron and some Iron alloys, Given the contaminations we observed in all samples of they can corrode and the corrosion products exert a toxicity human-use vaccines, adverse effects after the injection of those affecting the tissues [24-26].

The detection of presence of Aluminum and NaCl salts is obvious as they are substances used by the Producers and declared as components, but other materials are not supposed to be in the vaccine or in any other injectable drug, at that, and, in any case, Aluminum has already been linked with neurological diseases [27-29].

Given the contaminations we observed in all samples of human-use vaccines, adverse effects after the injection of those vaccines are possible and credible and have the character of randomness, since they depend on where the contaminants are carried by the blood circulation. It is only obvious that similar quantities of these foreign bodies can have a more serious impact on very small organisms like those of children. Their presence in the muscles, due an extravasation from the blood, could heavily impair the muscle functionality [30,31].

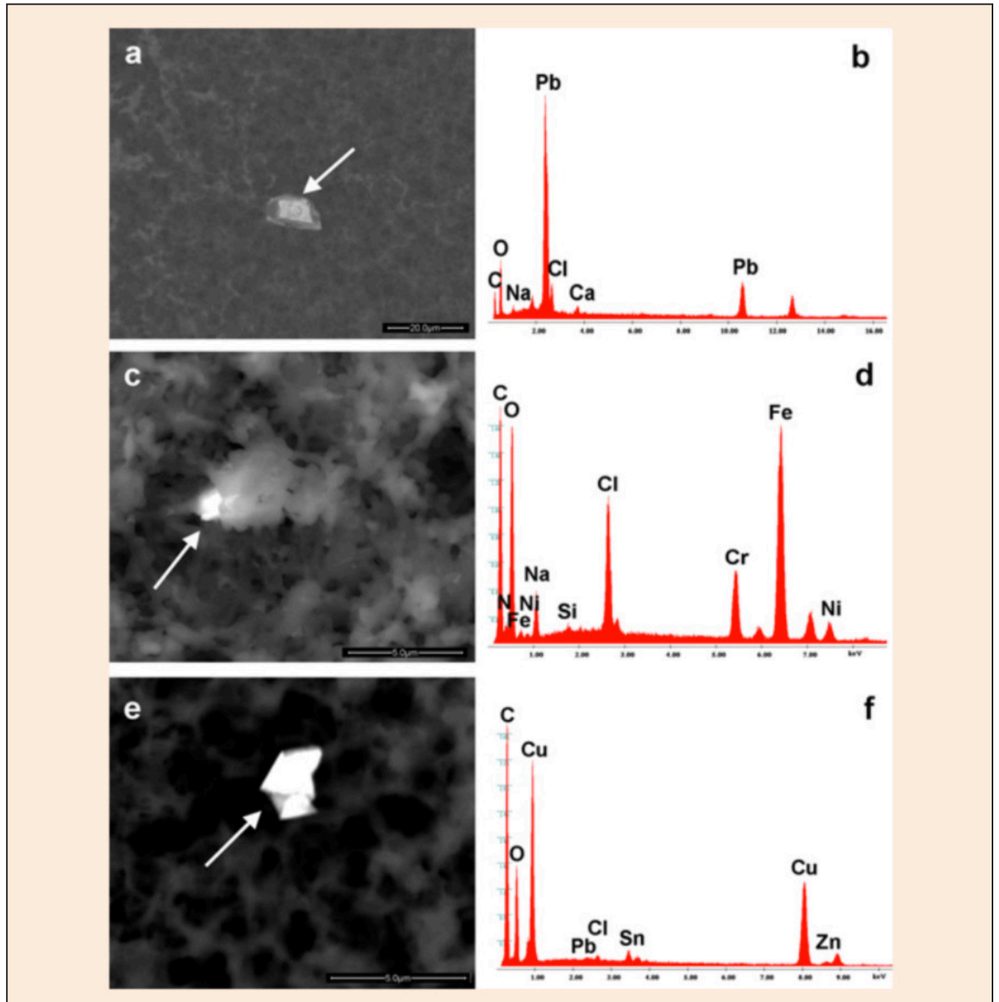


Figure 5: show particles surrounded by an organic compound. They are composed of Lead (a,b), Iron, Chromium, Nickel (stainless steel; c,d), Copper, Tin, Lead (e,f). The arrows show the points where EDS spectra were taken.

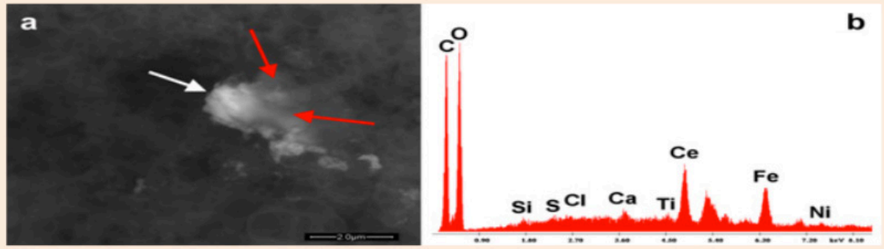


Figure 6: show an organic aggregate containing a debris made of Cerium, Iron, Nickel, Titanium. The red arrow indicates the organic layer (less atomically dense) that covers the Cerium particle.

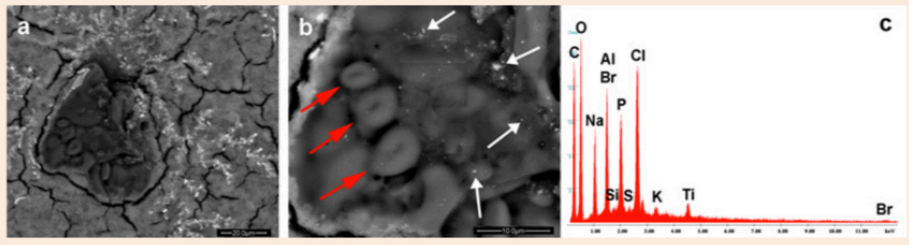


Figure 7: Image of an area in a Repevax drop where the morphology of red cells (red arrows) were identified. It is impossible to know whether they are human or animal origin. Among the debris of saline and Aluminum phosphate, there is the presence of debris (white arrows) composed of Aluminum, Bromine, Silicon, Potassium, Titanium.

We come across particles with chemical compositions, similar to those found in the vaccines we analyzed, when we study cases of environmental contamination caused by different pollution sources. In most circumstances, the combinations detected are very odd as they have no technical use, cannot be found in any material handbook and look like the result of the random formation occurring, for example, when waste is burnt. In any case, whatever their origin, they should not be present in any injectable medicament, let alone in vaccines, more in particular those meant for infants. Other forms of so-far unknown contaminations have recently been observed and, in any case, vaccines contain components that could themselves be the cause of adverse effects. It is a well-known fact in toxicology that contaminants exert a mutual, synergic effect, and as the number of contaminants increases, the effects grow less and less predictable. The more so when some substances are unknown. As a matter of fact, no exhaustive and reliable official data exist on the side-effects induced by vaccines. The episodic evidence reported by people allegedly damaged by vaccines is twofold: some say the damage occurred and became visible within a few hours from administration, and some maintain that it was a matter of some weeks. Though we have no indisputable evidence as to the reliability of those attestations, we can put forward a hypothesis to explain the different phenomena. In the former case, the pollutants contained in the drug have reached the brain and, depending on the anatomical site interested, have induced a reaction. If that is the case, the whole phenomenon is very rapid. In the latter circumstance, the pollutants reached the microbiota, thus interfering with the production of enzymes necessary to carry out neurological functions [32-35]. That possibility takes time, as it involves the production of chemical compounds in a sufficient quantity, and an elapse of some weeks between injection and clinical evidence is reasonable. Of course, ours is no more than a hypothesis open to discussion and in need of proof, hoping that a chance of further investigation is allowed.

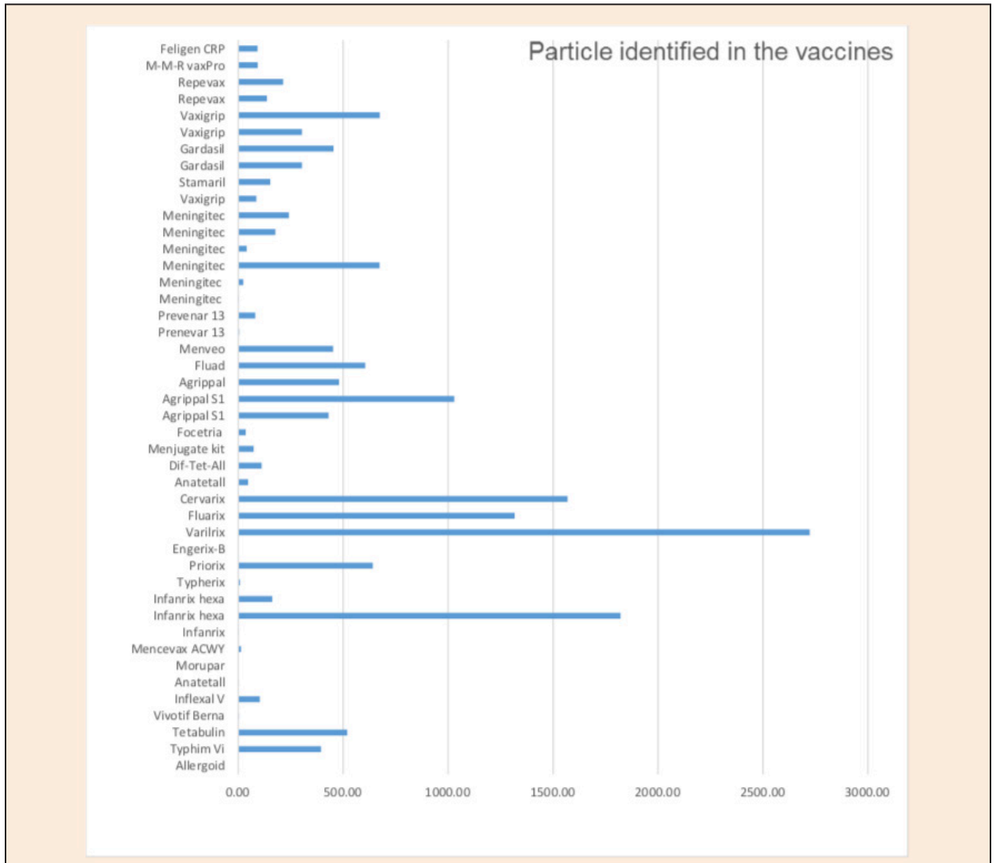


Figure 8: Graph of the debris' quantities identified in a 20 microl drop of every vaccine.

The analyses carried out show that in all samples checked vaccines contain non biocompatible and and bio-persistent foreign bodies which are not declared by the Producers, against which the body reacts in any case.

This new investigation represents a new quality control that can be adopted to assess the safety of a vaccine.

Our hypothesis is that this contamination is unintentional, since it is probably due to polluted components or procedures of industrial processes (e.g. filtrations) used to produce vaccines, not investigated and not detected by the Producers. If our hypothesis is actually the case, a close inspection of the working places and the full knowledge of the whole procedure of vaccine preparation would probably allow to eliminate the problem.

A further purification of the vaccines quality and could probably decrease the number and seriousness of the adverse incidental effects.

The Authors are indebted to Dr. Federico Capitani, Dr. Laura Valentini and Ms. Lavinia Nitu for their technical assistance. The opinions and conclusions are not necessarily those of the Institution.

Citation for this report:

Citation: Gatti AM, Montanari S (2016) New Quality-Control Investigations on Vaccines: Micro- and Nanocontamination. Int J Vaccines Vaccin 4(1): 00072. DOI: 10.15406/ijvv.2017.04.00072

Link to this report:

https://medcraveonline.com/IJVV/new-quality-control-investigations-on-vaccines-micro--and-nanocontamination.html

Veterinaria Italiana • January 2004

Vaccine Contamination

Genotypes of Pestivirus RNA detected in anti-influenza virus vaccines for human use

By Giangaspero M1, Vacirca G, Harasawa R, Buttner M,
Panuccio A, De Giuli Morghen C, Zanetti A, Belloli A, Verhulst A.
Dipartimento di Scienze Cliniche Veterinarie Facoltà di Medicina Veterinaria,
Università degli Studi Milan, Italy

Abstract

Nine polyvalent human influenza virus vaccines were tested by reverse transcriptase-polymerase chain reaction (RT-PCR) for the presence of pes- tivirus RNA. Samples were selected from manufacturers in Europe and the USA. Three samples of the nine vaccines tested (33.3%) gave positive re- sults for pestivirus RNA. The 5'-untranslated genomic region sequence of the contaminant pestivirus RNA was analysed based on primary nucleotide sequence homology and on secondary sequence structures characteristic to genotypes. Two sequences belonged to Pestivirus type-1 (bovine viral diar- rhoea virus [BVDV]) species, genotypes BVDV-1b and BVDV-1e. These findings confirm previous reports, suggesting an improvement in preven- tive measures against contamination of biological products for human use.

Full Report In English: http://www.ncbi.nlm.nih.gov/pubmed/?term=20437384

Full Report In Italian: http://www.izs.it/vet_italiana/2004/40_1/7.pdf

"Samples were selected from manufacturers in Europe and the USA. Three samples of the nine vaccines tested (33.3%) gave positive results for pestivirus RNA [contamination]."

Nanoparticles May Harm The Brain

By Jules Wellinghoff
July 11th, 2014

A simple change in electric charge may make the difference between someone getting the medicine they need and a trip to the emergency room—at least if a new study bears out. Researchers investigating the toxicity of particles designed to ferry drugs inside the body have found that carriers with a positive charge on their surface appear to cause damage if they reach the brain.

These particles, called micelles, are one type of a class of materials known as nanoparticles. By varying properties such as charge, composition, and attached surface molecules, researchers can design nanoparticles to deliver medicine to specific body regions and cell types—and even to carry medicine into cells. This ability allows drugs to directly target locations they would otherwise be unable to, such as the heart of tumors. Researchers are also looking at nanoparticles as a way to transport drugs across the blood-brain barrier, a wall of tightly connected cells that keeps most medication out of the brain. Just how safe nanoparticles in the brain are, however, remains unclear.

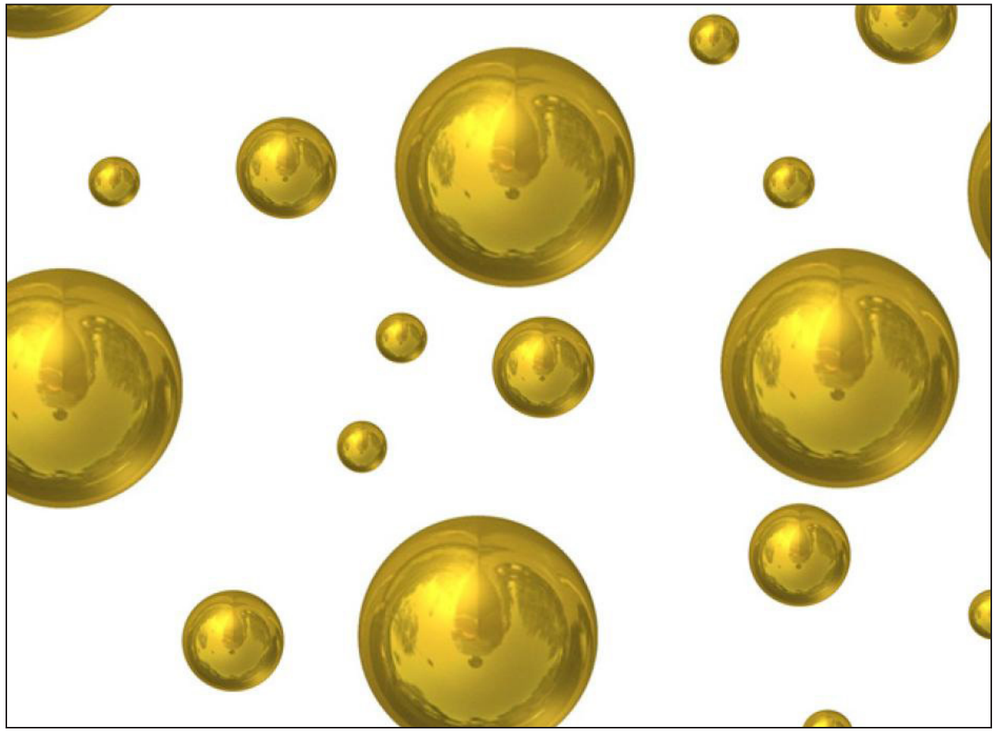
So Kristina Bram Knudsen, a toxicologist at the National Research Centre for the Working Environment in Copenhagen, and colleagues tested two types of micelles, which were made from different polymers that gave the micelles either a positive or negative surface charge. They injected both versions, empty of drugs, into the brains of rats, and 1 week later they checked for damage. Three out of the five rats injected with the positively charged micelles developed brain lesions. The rats injected with the negatively charged micelles or a saline control solution did not suffer any observable harm from the injections, the team will report in an upcoming issue of Nanotoxicology.

Knudsen speculates that one of the attributes that makes positive micelles and similar nanoparticles such powerful drug delivery systems may also be what is causing the brain damage. Because cells have a negative charge on their outside, they attract positively charged micelles and bring them into the cell. The micelles' presence in the cell or alteration of the cell's surface charge, she says, may disrupt the cell's normal functioning.

Negatively charged nanoparticles can also enter cells, according to other research. However, they do so less readily and must be able to overcome the repulsion between themselves and the cell surface. It is possible that the reason the negatively charged micelles were not found to be toxic was that they did not invade cells to the same extent as the positively charged micelles.

The findings are intriguing, says biomedical engineer Jordan Green of Johns Hopkins University in Baltimore, Maryland. But he cautions that there is no evidence that all positively charged nanoparticles behave this way. Other factors can also play a role in the toxicity of nanoparticles, adds pharmaceutical expert Jian-Qing Gao of Zhejiang University in Hangzhou, China. The size and concentration of the particles, as well as the strain of rat used, could all have influenced the results, he says.

Below: Gold Nanoparticles



Health Experts Call For Suspension Of Pfizer Vaccination Among Elderly After Norway Deaths

by Tyler Durden
Saturday, January 16th, 2021 - 6:44pm

Update (1630ET): In what can only be described as a somewhat concerning turn of events, health experts from Wuhan, China, called on Norway and other countries to suspend the use of mRNA-based COVID-19 vaccines produced by companies such as Pfizer, especially among elderly people (following the surge in deaths in Norway described below)

China's Global Times reports Chinese experts said the death incident should be assessed cautiously to understand whether the death was caused by vaccines or other preexisting conditions of these individuals.

Yang Zhanqiu, a virologist from Wuhan University, told the Global Times on Friday that the death incident, if proven to be caused by the vaccines, showed that the effect of the Pfizer vaccine and other mRNA vaccines is not as good as expected, as the main purpose of mRNA vaccines is to heal patients.

A Beijing-based immunologist, who requested anonymity, told the Global Times on Friday that the world should suspend the use of the mRNA COVID-19 vaccine represented by Pfizer, as this new technology has not proven safety in large-scale use or in preventing any infectious diseases.

Older people, especially those over 80, should not be recommended to receive any COVID-19 vaccine, he said.

COVID vaccines: Six EU countries hit out at 'unacceptable' delays to deliveries of Pfizer jab
All of which is a problem since it is the elderly who are at most risk (quite frankly at any real risk at all) and thus who need the protection the most. The Chinese health experts instead say that the most elderly and frail should be recommended to take medicines to improve their immune system.

Of course, one cannot help but note the irony of scientists from the source of the plague that has killed millions around the world and destroyed lives/economies almost everywhere, is now calling for the cessation of the process to protect against the plague.

As we detailed earlier, Norway health authorities are reporting COVID-19 vaccine news of monumental importance at a moment the US is rushing to get an initial some 30 million doses into the arms of the elderly and those with chronic health conditions: sick patients over 80 are particularly at risk for devastating side effects.

Thus for this vulnerable demographic which is currently first in line in North America, the "cure" could be worse than the disease. Bloomberg notes that it's "the most cautious statement yet from a European health authority" regarding potential adverse vaccine health risks.

"For those with the most severe frailty, even relatively mild vaccine side effects can have serious consequences," the Norwegian Institute of Public Health said.

Via the Associated Press(AP)

The health authority said further in its most blunt statement cautioning against a policy of a blanket promotion of the vaccine for all:

"For those who have a very short remaining life span anyway, the benefit of the vaccine may be marginal or irrelevant."

This comes after a handful of global cases, including an elderly patient in France, where a recipient died within hours of receiving their first-round of the vaccine.

Thus far Norway says it has administered doses to up to 33,000 people, including the elderly, but are already finding it "too risky" for the terminally ill and people over 80 that are in frail condition. Given only 33,000 injected so far, the reported death count is already staggering and is causing officials to sound the alarm:

Norwegian officials said 23 people had died in the country a short time after receiving their first dose of the vaccine. Of those deaths, 13 have so far been autopsied, with the results suggesting

that common side effects may have contributed to severe reactions in frail, elderly people, according to the Norwegian Medicines Agency.

But despite the warnings being featured prominently at the end of this week in Bloomberg and multiple other mainstream publications, again we doubt this will do anything in terms of putting the brakes on the rushed vaccine rollout in the US where it's precisely the elderly, frail, and those prone to persistent health conditions that are being urged on by state and federal policies to be first in line.

Meanwhile, Bloomberg had this to say of the most common vaccine brands in Norway and the West:

> Representatives for Pfizer and BioNTech didn't immediately respond to requests for comment. The Pfizer-BioNTech vaccine approved late last year has been used most broadly, with a similar shot from Moderna Inc. approved earlier this month also now being administered.

Norway initiated its COVID-19 vaccinations last month on the heels of the Pfizer/BioNTech vaccine receiving approval by the European Medicines Agency. Norway's infections are approaching 60,000 out of total population of 5.3 million, including over 500 deaths.

Many skeptics in Europe and the US still have severe reservations about the vaccines, even as big pharma and governments continually insist they are completely safe.

No excess mortality in Norway despite pandemic: report

news@thelocal.no
June 4th, 2020

A reduction in the number of people dying of flu in Norway appears to have made up for deaths due to coronavirus, meaning the country has seen no excess mortality in recent months.

According to a new report from the Norwegian Institute of Public Health, Norway has not seen any excess mortality at all over the last three months, despite 237 people dying with coronavirus during the pandemic.

"*Our study shows that the general death rate in the population has been normal in recent months,*" the agency said in its weekly mortality report.

"*A few weeks ago, there were signs of some excess mortality during weeks 15 and 16 [April 6 - April 20], but the the death rate has since returned to normal.*"

Across Europe as a whole there were 168,000 excess deaths between the start of the epidemic in March and the end of May, according to the European Mortality Monitoring Project, run by Denmark's Statens Serum Institut.

In Norway around 900 people die each year from influenza, but this year's seasonal flu epidemic was ended early when infection measures were introduced in March.



Test sampling for the coronavirus in Oslo. Photo: Ole Berg-Rusten / NTB scanpix / TT

Death By Vaccination
Murdering The Most Vulnerable

Covid-19: Norway investigates 23 deaths in frail elderly patients after vaccination

Ingrid Torjesen

BMJ 2021;372:n149
http://dx.doi.org/10.1136/bmj.n149
Published: January 15th, 2021

Doctors in Norway have been told to conduct more thorough evaluations of very frail elderly patients in line to receive the Pfizer BioNTec vaccine against covid-19, following the deaths of 23 patients shortly after receiving the vaccine.

"It may be a coincidence, but we aren't sure," Steinar Madsen, medical director of the Norwegian Medicines Agency (NOMA), told The BMJ. "There is no certain connection between these deaths and the vaccine."

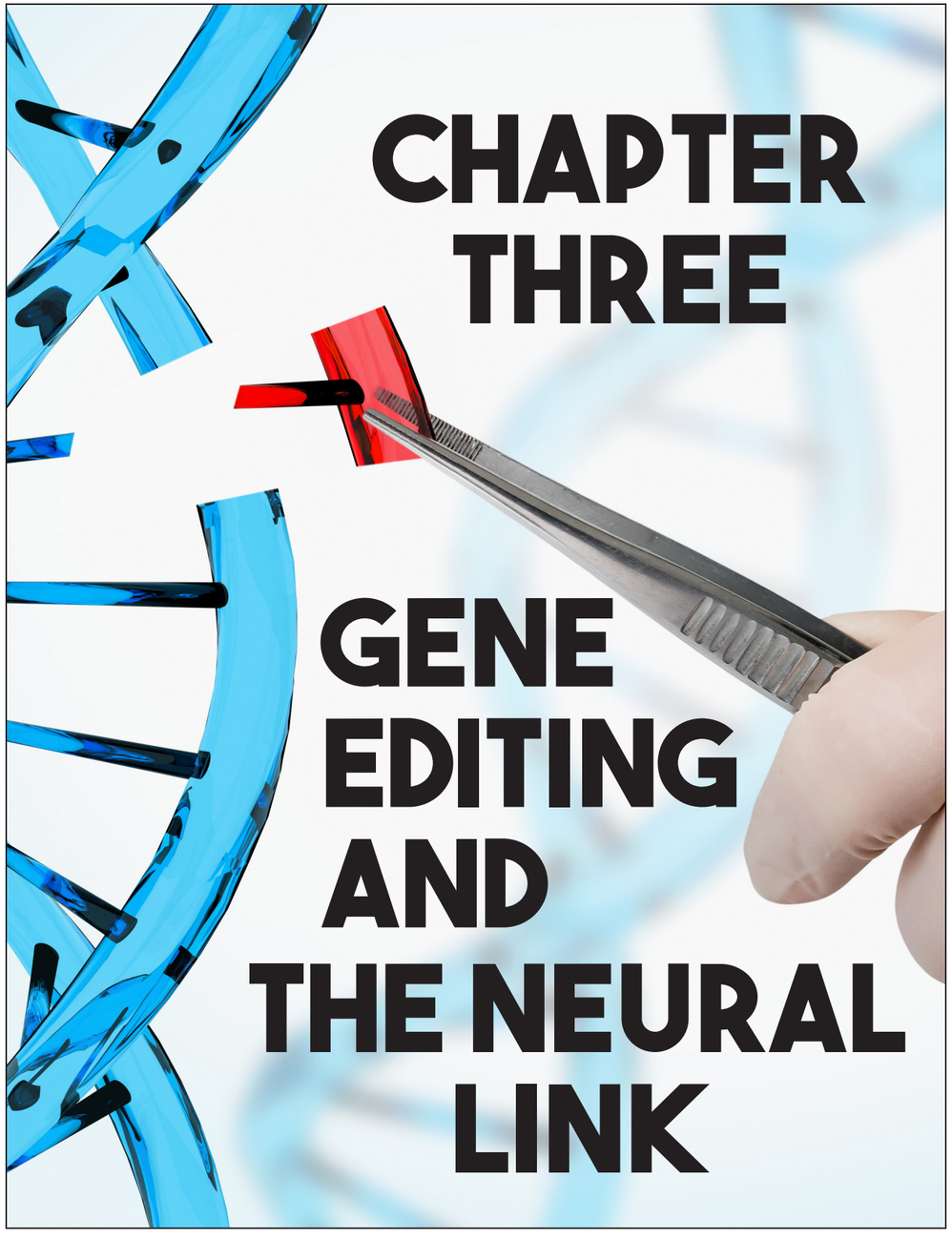
The agency has investigated 13 of the deaths so far and concluded that common adverse reactions of mRNA vaccines, such as fever, nausea, and diarrhoea, may have contributed to fatal outcomes in some of the frail patients.

"There is a possibility that these common adverse reactions, that are not dangerous in fitter, younger patients and are not unusual with vaccines, may aggravate underlying disease in the elderly," Madsen said. "We are not alarmed or worried about this, because these are very rare occurrences and they occurred in very frail patients with very serious disease," he emphasised. "We are now asking for doctors to continue with the vaccination, but to carry out extra evaluation of very sick people whose underlying condition might be aggravated by it." This evaluation includes discussing the risks and benefits of vaccination with the patient and their families to decide whether or not vaccination is the best course. More than 20 000 doses of the vaccine have been administered over the past few weeks in Norway and around 400 deaths normally occur among care home residents every week. The Paul Ehrlich Institute in Germany is also investigating 10 deaths shortly after covid-19 vaccination.1 Asked if any deaths had occurred in UK patients after vaccination, the UK's Medicines and Healthcare Products Regulatory Agency (MHRA) said that details of all suspected reactions reported in association with approved covid-19 vaccines would be published along with its assessment of the data on a regular basis in the future. Based on the available published reports from the clinical trials, the MHRA said it did not currently anticipate any specific safety concerns. In a statement, Pfizer said, "Pfizer and BioNTech are aware of reported deaths following administration of BNT162b2. We are working with NOMA to gather all the relevant information.

"Norwegian authorities have prioritised the immunisation of residents in nursing homes, most of whom are very elderly with underlying medical conditions and some of whom are terminally ill. NOMA confirm the number of incidents so far is not alarming, and in line with expectations. All reported deaths will be thoroughly evaluated by NOMA to determine if these incidents are related to the vaccine. The Norwegian government will also consider adjusting their vaccination instructions to take the patients' health into more consideration.

"Our immediate thoughts are with the bereaved families."





CHAPTER THREE

GENE EDITING AND THE NEURAL LINK

Heritable HUMAN GENOME Editing

International Commission on the
Clinical Use of Human Germline Genome Editing

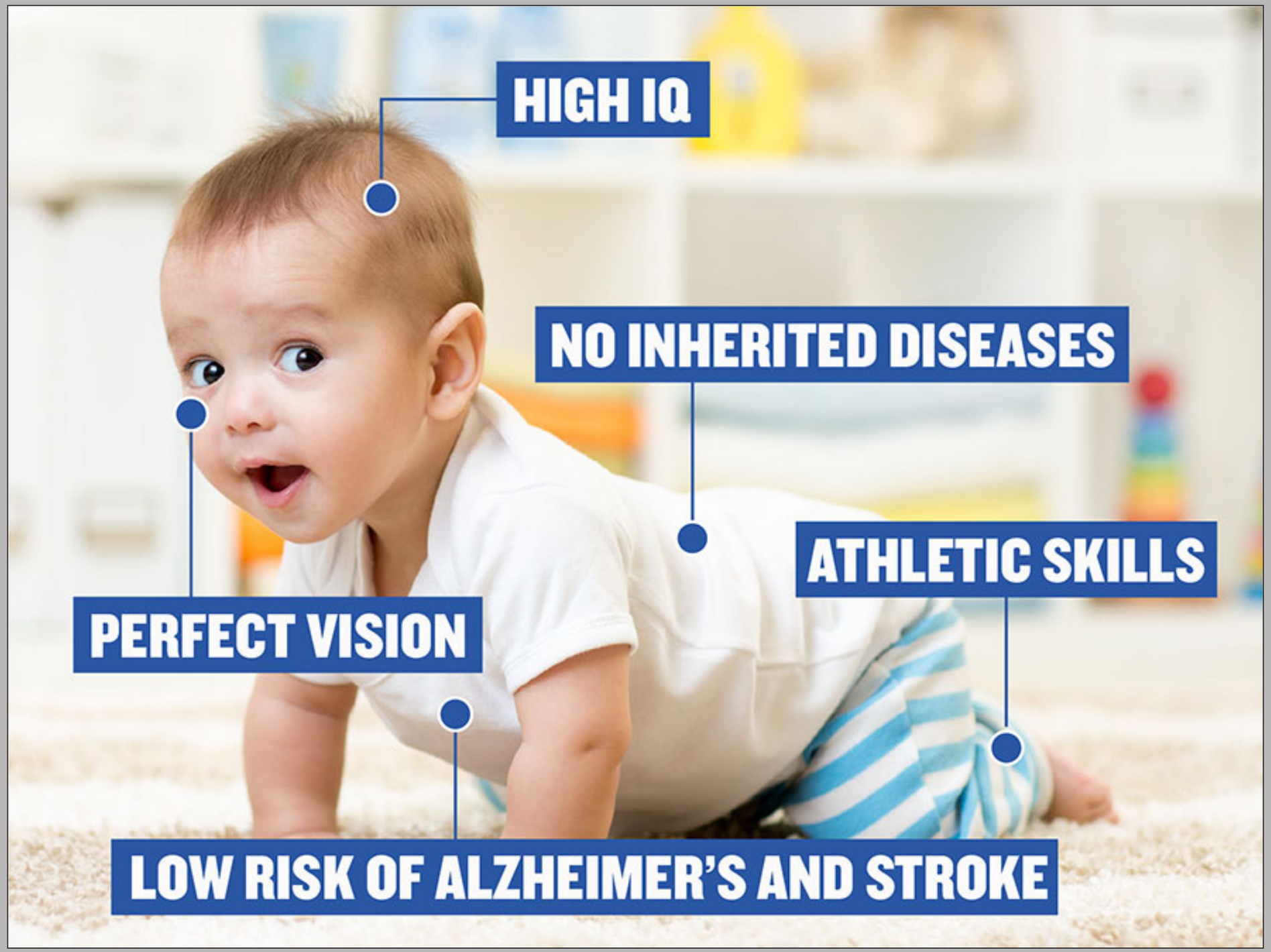
A Consensus Study Report of

NATIONAL ACADEMY OF MEDICINE
NATIONAL ACADEMY OF SCIENCES

and

THE ROYAL SOCIETY

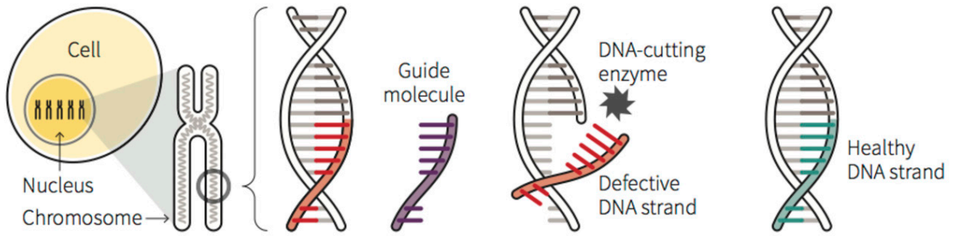
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DNA editing

A DNA editing technique, called CRISPR/Cas9, works like a biological version of a word-processing programme's "find and replace" function.

HOW THE TECHNIQUE WORKS



A cell is transfected with an enzyme complex containing:
- Guide molecule
- Healthy DNA copy
- DNA-cutting enzyme

A specially designed synthetic guide molecule finds the target DNA strand.

An enzyme cuts off the target DNA strand.

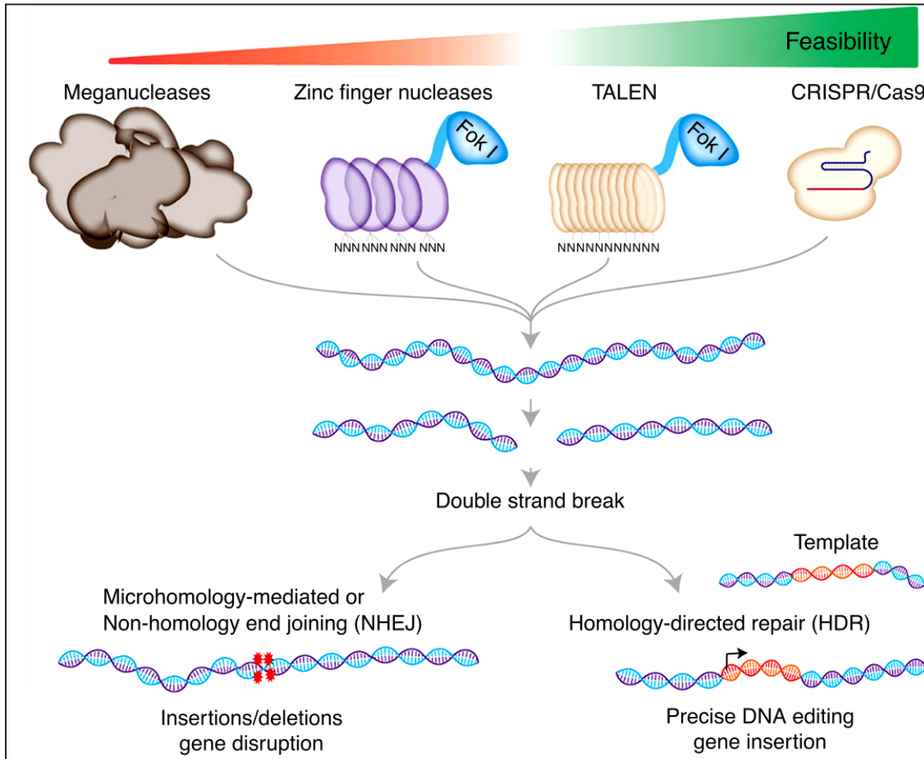
The defective DNA strand is replaced with a healthy copy.

Sources: Reuters; Nature; Massachusetts Institute of Technology

W. Foo, 24/04/2015

REUTERS

GENE EDITING EXPLAINED



How Does Gene Editing Work?

1. Targeted DNA strand is identified.



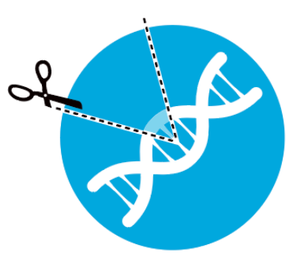
2. The targeted healthy DNA strand is defined and located.



3. A specifically designed synthetic guide molecule finds the target DNA strand.



4. An enzyme cuts off the target DNA strand.



5. The targeted DNA strand is replaced with a healthy one.

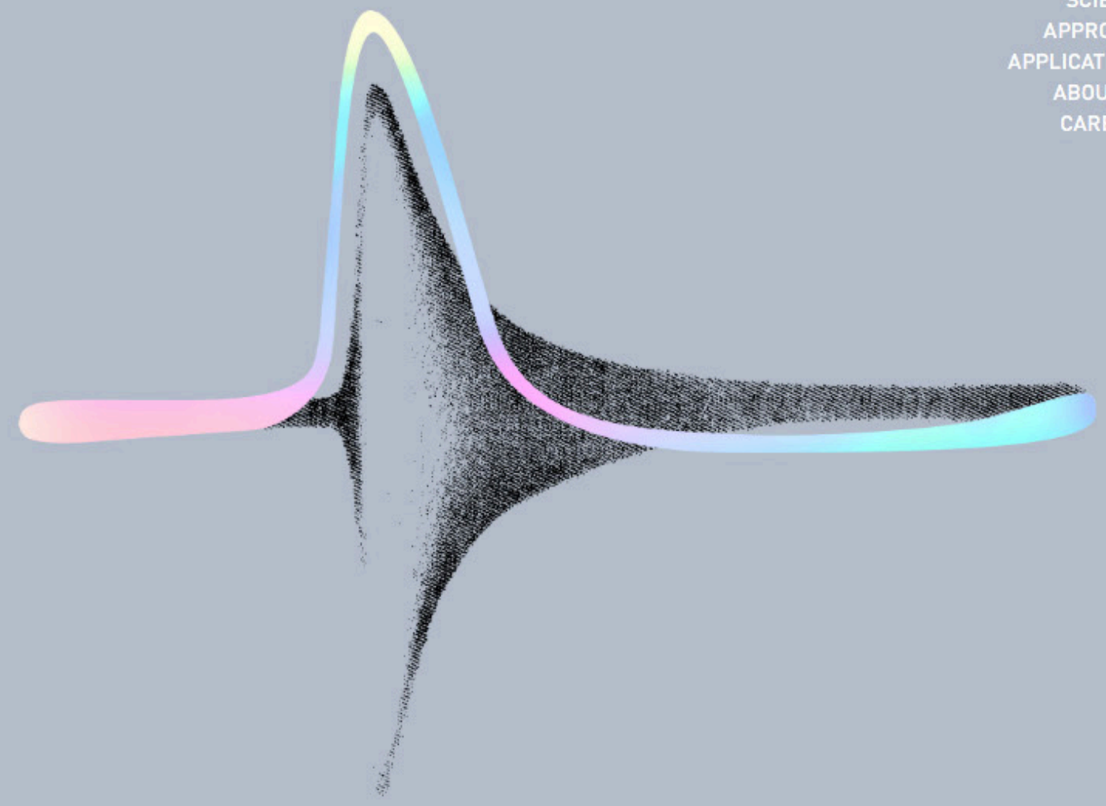



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N

SCIENCE
APPROACH
APPLICATIONS
ABOUT US
CAREERS

Breakthrough Technology for the Brain



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Understanding the Brain

Interfacing with the Brain

Engineering with the Brain

Understanding the Brain

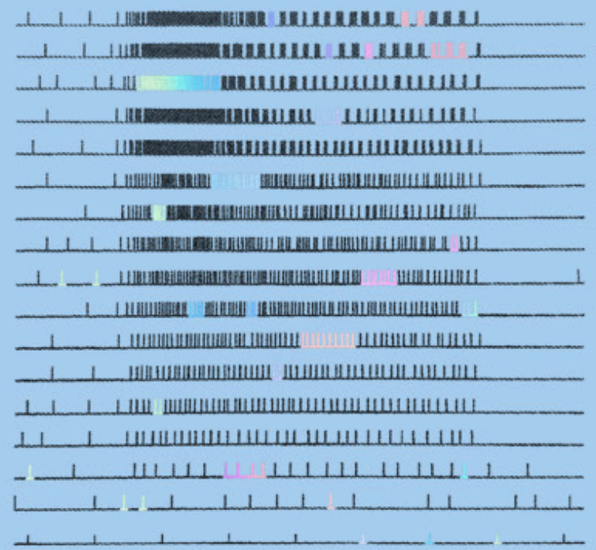
FIG. 1



SCIENCE →

Interfacing with the Brain

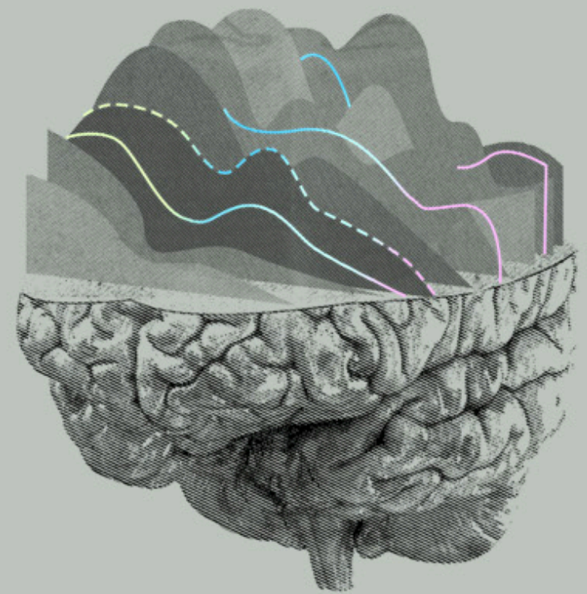
FIG. 2



APPROACH →

Engineering with the Brain

FIG. 3

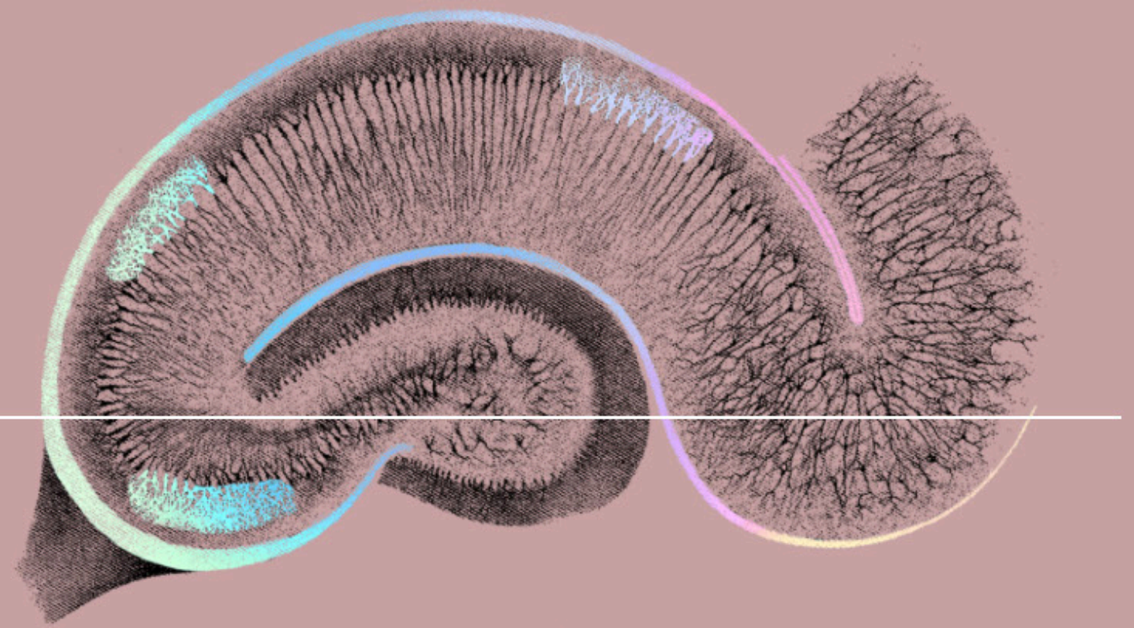


APPLICATIONS →

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SCIENCE —
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Understanding the Brain

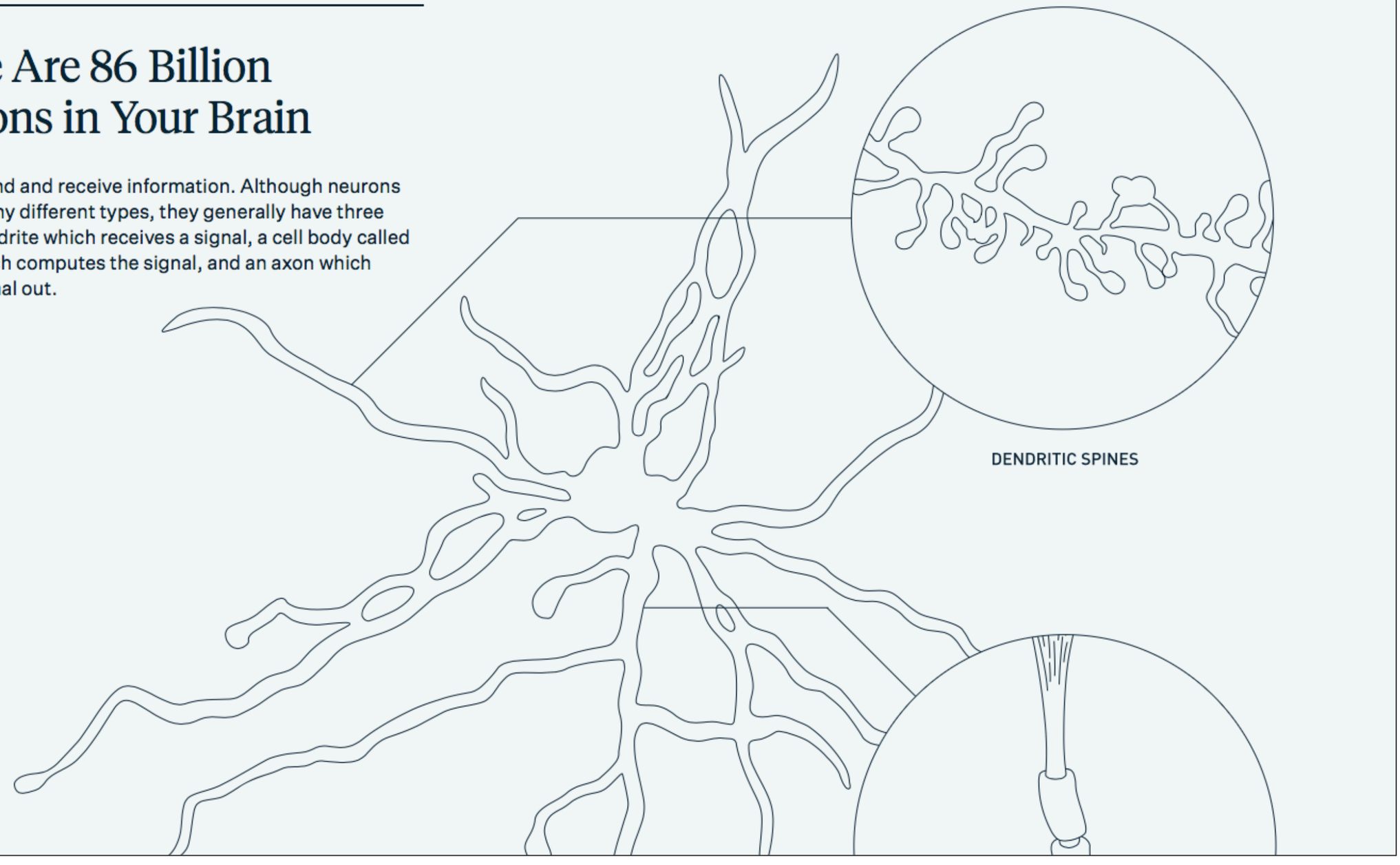


A web of communication that allows you to move, think, feel and sense.

PLAY VIDEO →

There Are 86 Billion Neurons in Your Brain

Neurons send and receive information. Although neurons come in many different types, they generally have three parts: a dendrite which receives a signal, a cell body called a soma which computes the signal, and an axon which sends a signal out.



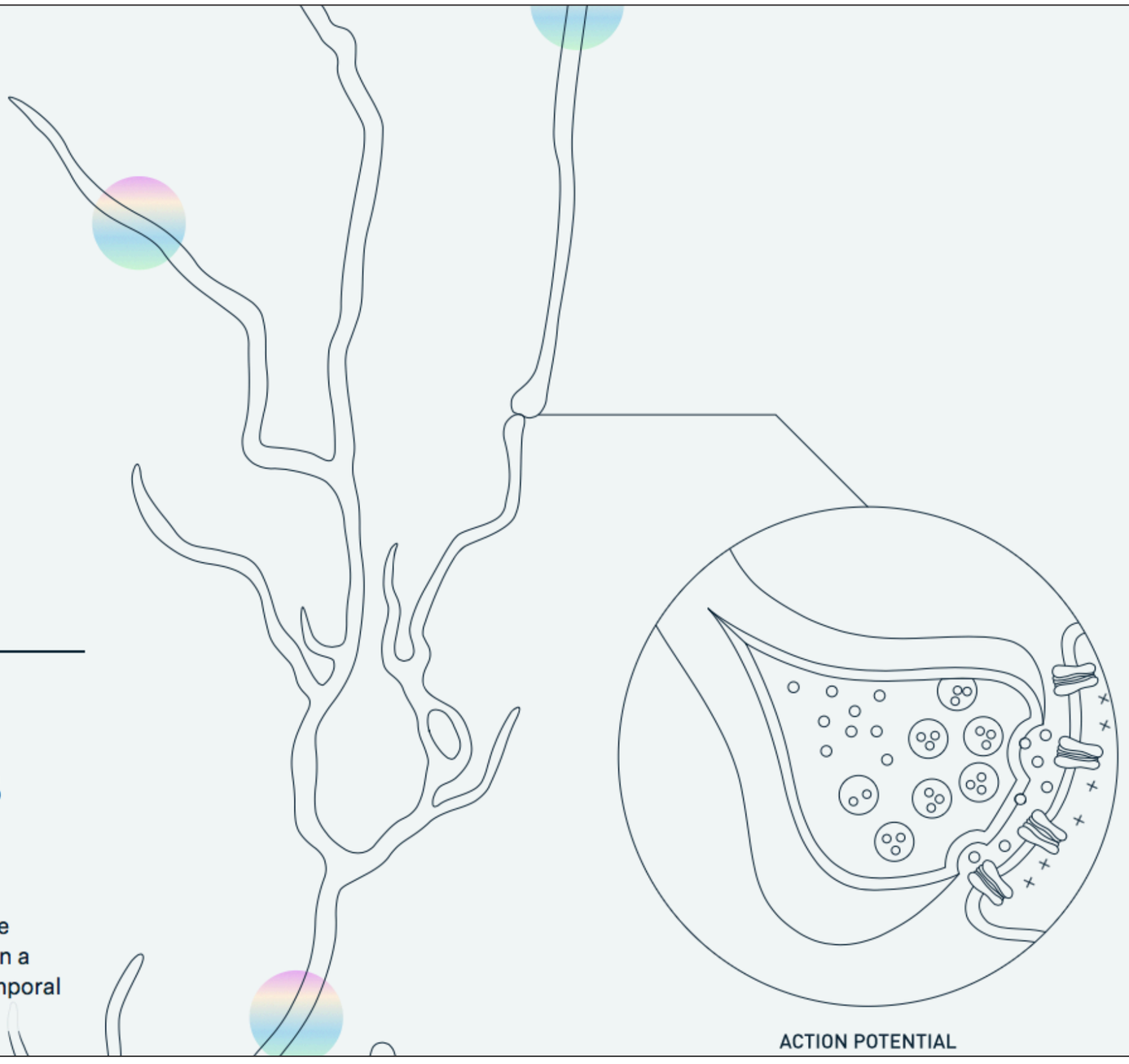


Neurons Are Connected Through Synapses

The neurons of your brain connect to each other to send and receive signals through axon-dendrite connections called synapses.

Neurons Communicate Through Electric Signals

Action potentials cause synapses to release neurotransmitters. These small molecules bind to receptors on dendrites, opening channels that cause current to flow across the neuron's membrane. When a neuron receives the 'right' combination of spatiotemporal synaptic input, it initiates an action potential.



ACTION POTENTIAL



We Can Record Electrical Signals in the Brain

We place electrodes near neurons in order to detect action potentials. Recording from many neurons allows us to decode the information represented by those cells. In the movement-related areas of the brain, for example, neurons represent intended movements. There are neurons in the brain that carry information about everything we see, feel, touch, or think.

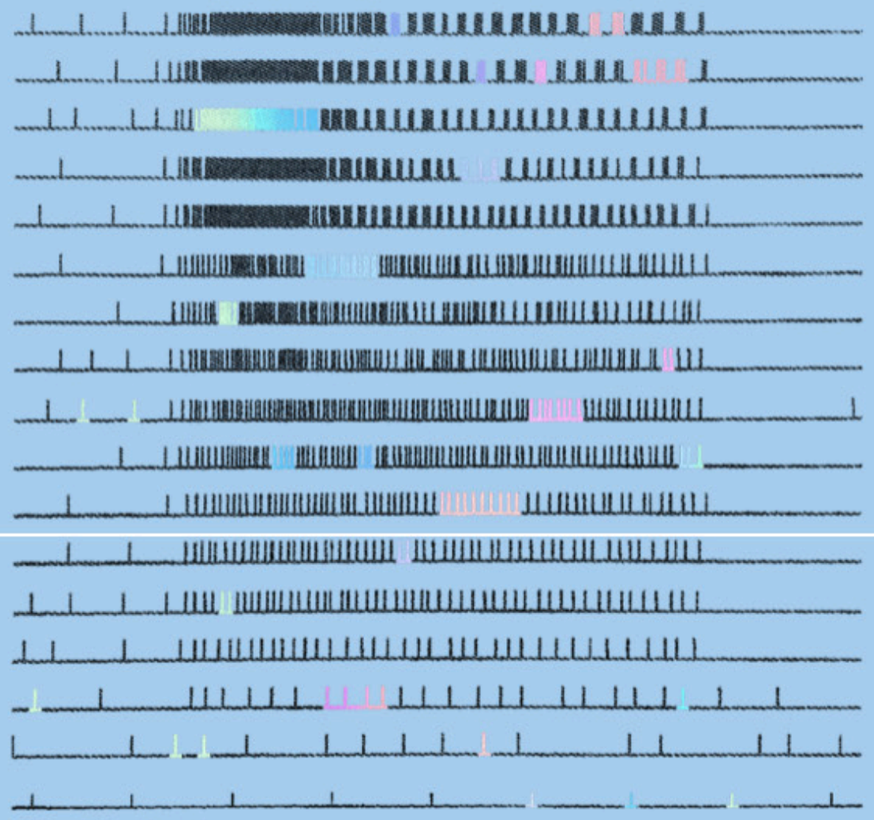
WHY DO ELECTRODES NEED TO BE CONNECTED DIRECTLY TO THE BRAIN?

Neural activity can be monitored from outside the head using non-invasive techniques such as EEG. With these techniques, each channel records the summed activity of millions of neurons, which means the details are blurred away. Imagine experiencing a sports event through a microphone placed outside the stadium. From the roars or groans of the crowd you can tell when something good or bad happens to the home team, but you'll have a hard time distinguishing whether they scored or made a great defensive play. And you certainly wouldn't be able to hear what individual people were saying about the game. The same is true for recording from the brain: recordings made at a distance provide some useful, high-level information, but to access fine-scale information, you need to be close to the source. Here, that means recording action potentials, or voltage "spikes," from individual neurons. Currently, that can only be done by placing electrodes inside the brain.

HOW DOES NEURAL STIMULATION WORK?

The knowledge that electric currents activate muscles and nerves is almost as old as knowledge of electricity itself. When small currents are delivered through an electrode, the changing electric field drives nearby neurons to fire one or more action potentials. By stimulating in the right temporal sequences across many electrodes, it is possible to create patterns of activity that elicit a desired sensation, for example the feel of an object in the hand or a visual image. Stimulation can also reduce or eliminate the pathological patterns of activity that occur in neurological disorders, such as reducing movement deficits in Parkinson's disease.

Interfacing with the Brain



Neuralink is building a practical brain-machine interface for a wide range of applications. See how our technology will work.

APPROACH →

The Link

We're designing the first neural implant that will let you control a computer or mobile device anywhere you go.

Micron-scale threads are inserted into areas of the brain that control movement. Each thread contains many electrodes and connects them to an implant, the Link.



NEURAL IMPLANT AND ELECTRODE ARRAY





LINK

Sealed, implanted device that processes, stimulates, and transmits neural signals.



NEURAL THREADS

Each small and flexible thread contains many electrodes for detecting neural signals.





NEURAL THREADS

Each small and flexible thread contains many electrodes for detecting neural signals.



CHARGER

Compact inductive charger wirelessly connects to the implant to charge the battery from the outside.

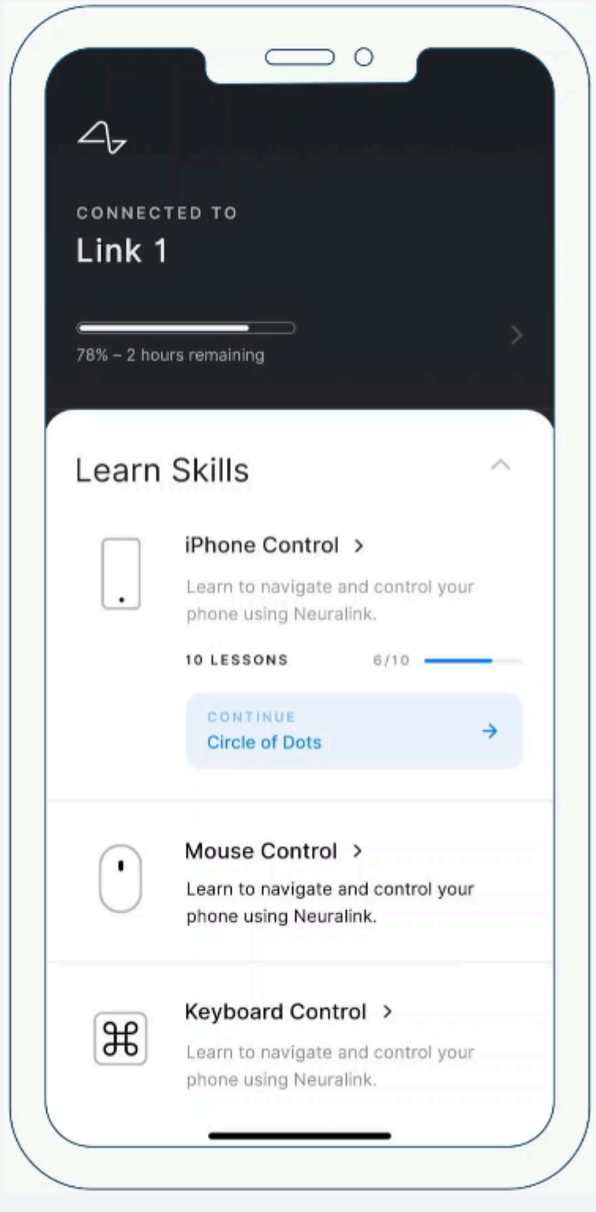
Precision Automated Neurosurgery

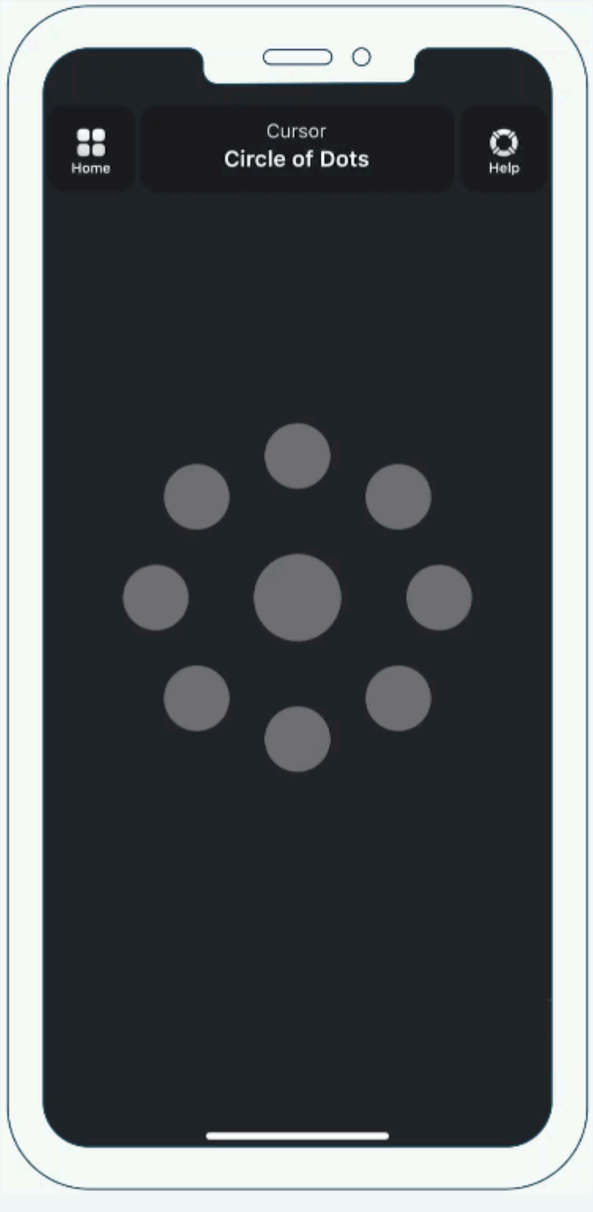
The threads on the Link are so fine and flexible that they can't be inserted by the human hand. Instead, we are building a robotic system that the neurosurgeon can use to reliably and efficiently insert these threads exactly where they need to be.



The Neuralink App

The Neuralink app would allow you to control your iOS device, keyboard and mouse directly with the activity of your brain, just by thinking about it.





BE IN CONTROL

The Neuralink app would guide you through exercises that teach you to control your device.

SIMULATION.
NOT FDA-APPROVED OR AVAILABLE.

BE AUTONOMOUS

With a bluetooth connection, you would control any mouse or keyboard, and experience reality — unmediated and in high fidelity.

WHAT IS NEURALINK DEVELOPING?

Neuralink is building a fully integrated brain machine interface (BMI) system. Sometimes you'll see this called a brain computer interface (BCI). Either way, BMIs are technologies that enable a computer or other digital device to communicate directly with the brain. For example, through information readout from the brain, a person with paralysis can control a computer mouse or keyboard. Or, information can be written back into the brain, for example to restore the sense of touch. Our goal is to build a system with at least two orders of magnitude more communication channels (electrodes) than current clinically-approved devices. This system needs to be safe, it must have fully wireless communication through the skin, and it has to be ready for patients to take home and use on their own. Our device, called the Link, will be able to record from 1024 electrodes and is designed to meet these criteria.

WHAT ARE THE BIGGEST CHALLENGES IN MAKING A SCALABLE BMI?

Neuralink's technology builds on decades of BMI research in academic labs, including several ongoing studies with human participants. The BMI systems used in these studies have no more than a few hundred electrodes, with connectors that pass through the skin. Also, their use requires laboratory equipment and personnel. Our challenge is to scale up the number of electrodes while also building a safe and effective clinical system that users can take home and operate by themselves. Recent engineering advances in the field and new technologies developed at Neuralink are paving the way for progress on each of the key technical hurdles.

ELECTRODES

In order to optimize the compatibility of our threads with the surrounding tissue, they should be on the same size scale as neighboring neurons and as flexible as possible. Therefore, we microfabricate the threads out of thin film metals and polymers. But the threads also have to resist corrosion from fluid in the tissue, and the electrodes must have sufficient surface area to allow stimulation. To meet these criteria, we've developed new microfabrication processes and made advances in materials science. These include the integration of corrosion-resistant adhesion layers to the threads and rough electrode materials that increase their effective surface area without increasing their size.

CHIPS

Our Link needs to convert the small electrical signals recorded by each electrode into real-time neural information. Since the neural signals in the brain are small (microvolts), Link must have high-performance signal amplifiers and digitizers. Also, as the number of electrodes increases, these raw digital signals become too much information to upload with low power devices. So scaling our devices requires on-chip, real-time identification and characterization of neural spikes. Our custom chips on the Link meet these goals, while radically reducing per-channel chip size and power consumption over current technology.

The Link needs to be protected from the fluid and salts that bathe surrounding tissue. Making a water-proof enclosure can be hard, but it's very hard when that enclosure must be constructed from biocompatible materials, replace the skull structurally, and allow over a 1,000 electrical channels to pass through it. To meet this challenge, we are developing innovative techniques to build and seal each major component of the package. For example, by replacing the connection of multiple components with a process that builds them as a single component, we can decrease device size and eliminate a potential failure point.

NEUROSURGERY

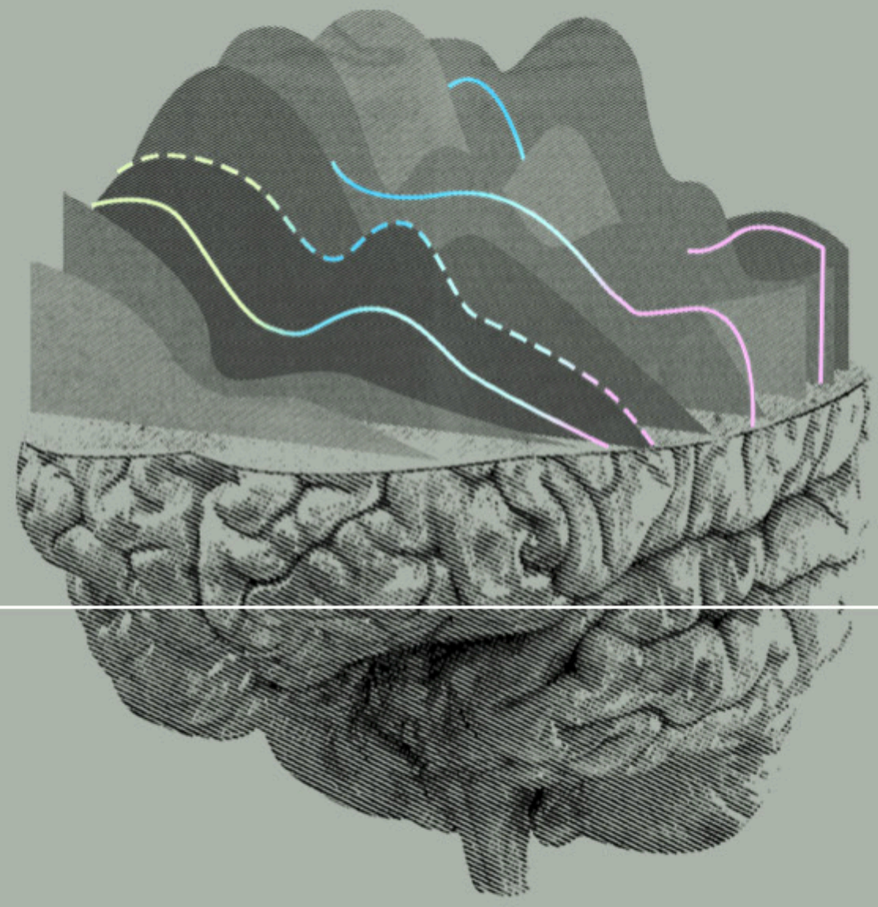
Our threads are too fine to be manipulated by hand and too flexible to go into the brain on their own (imagine trying to sew a button with thread but no needle). Yet we need to safely insert them with precision and efficiency. Our solution is based on a new kind of surgical robot, whose initial prototype was developed at the University of California. We are innovating on robot design, imaging systems, and software, to build a robot that can precisely and efficiently insert many threads through a single 8 mm skull opening while avoiding blood vessels on the surface of the brain.

NEURAL DECODING

Neural spikes contain a lot of information, but that information has to be decoded in order to use it for controlling a computer. Academic labs have designed computer algorithms controlling a virtual computer mouse from the activity of hundreds of neurons. Our devices will be able to connect to over an order of magnitude more neurons. We want to use the additional information for more precise and naturalistic control and to include additional virtual devices such as a keyboard and game controller. To accomplish this, we are building on recent advances in statistics and algorithm design. One challenge is to design adaptive algorithms that maintain reliable and robust performance while continuing to improve over time, including the addition of new capabilities. Ultimately, we want these algorithms to run in real time on our low-power devices.

Engineering with the Brain

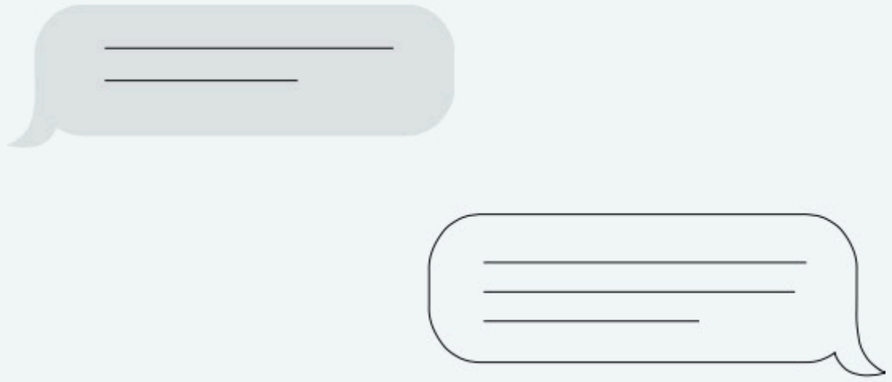
Working towards improving the lives of people with a broad range of patients.



A Direct Link Between the Brain & Everyday Technology

The initial goal of our technology will be to help people with paralysis to regain independence through the control of computers and mobile devices. Our devices are designed to give people the ability to communicate more easily via text or speech synthesis, to follow their curiosity on the web, or to express their creativity through photography, art, or writing apps.





The Future of Neural Engineering

The Link is a starting point for a new kind of brain interface. As our technology develops, we will be able to increase the channels of communication with the brain, accessing more brain areas and new kinds of neural information. This technology has the potential to treat a wide range of neurological disorders, to restore sensory and movement function, and eventually to expand how we interact with each other, with the world, and with ourselves.

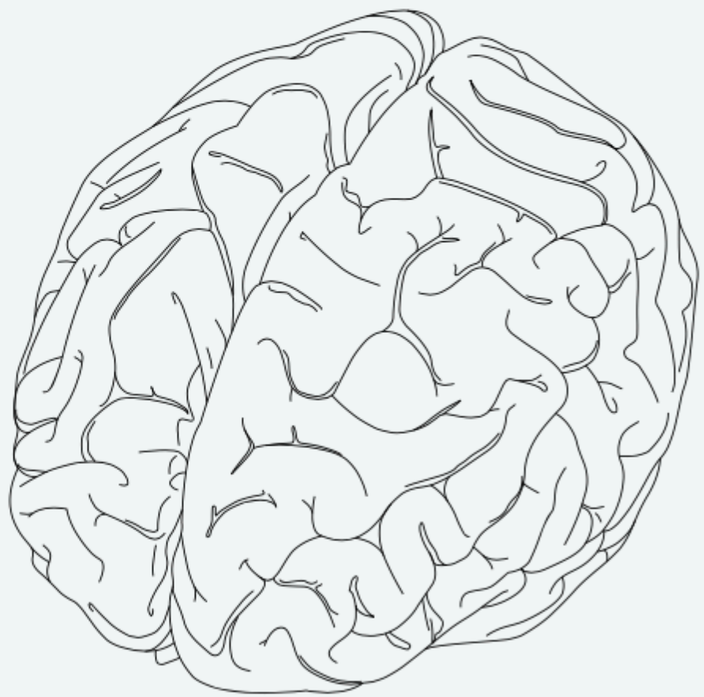


FIG. 1

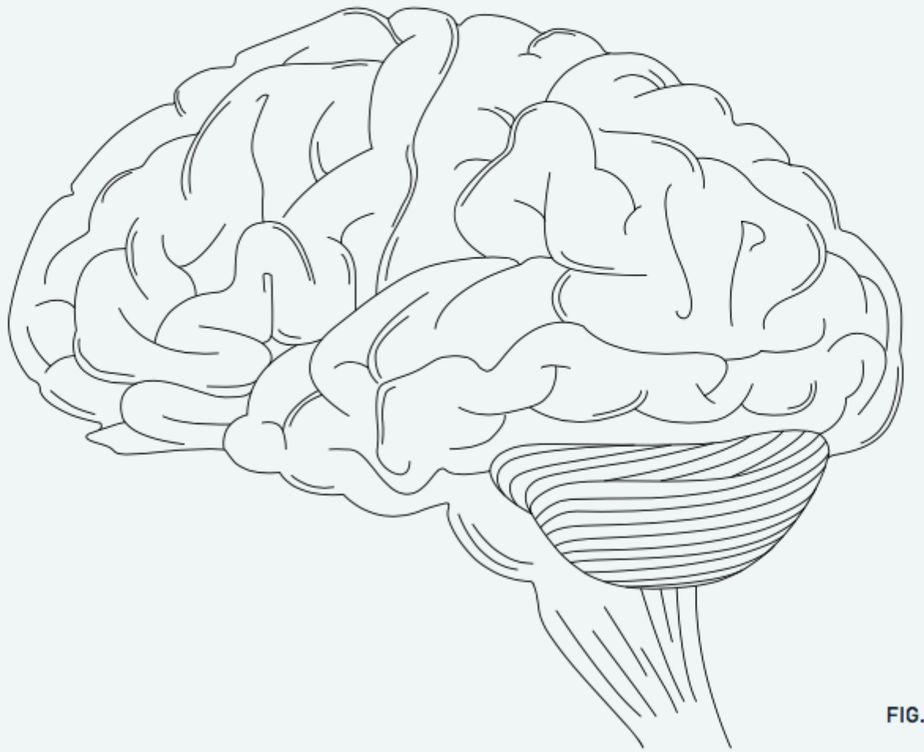


FIG. 2



FIG. 1

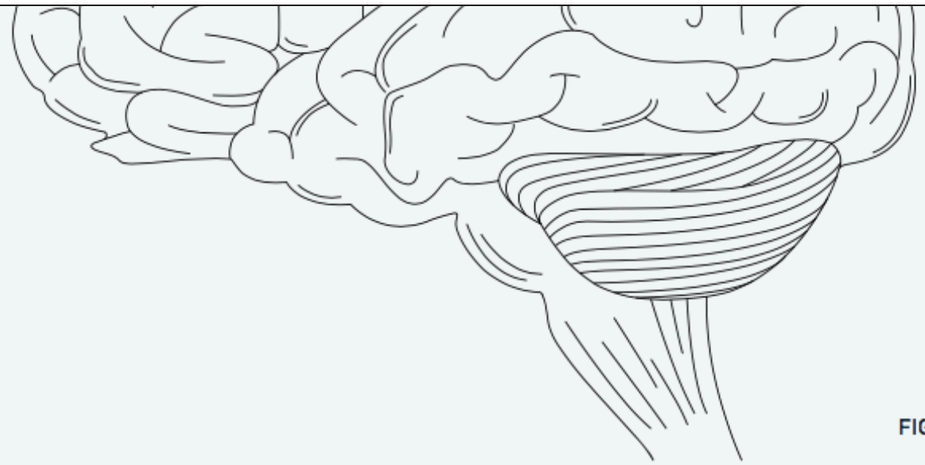


FIG. 2

VISUAL CORTEX

Processes visual information from our eyes.

AUDITORY CORTEX

Assists with the perception and interpretation of sound.

SOMATOSENSORY CORTEX

Helps process sense of touch.

MOTOR CORTEX

Responsible for planning and executing motor movements.

WHAT WILL THE LINK DO?

We are designing the Link to connect to thousands of neurons in the brain. It will be able to record the activity of these neurons, process these signals in real time, and send that information to the Link. As a first application of this technology, we plan to help people with severe spinal cord injury by giving them the ability to control computers and mobile devices directly with their brains. We would start by recording neural activity in the brain's movement areas. As users think about moving their arms or hands, we would decode those intentions, which would be sent over Bluetooth to the user's computer. Users would initially learn to control a virtual mouse. Later, as users get more practice and our adaptive decoding algorithms continue to improve, we expect that users would be able to control multiple devices, including a keyboard or a game controller.

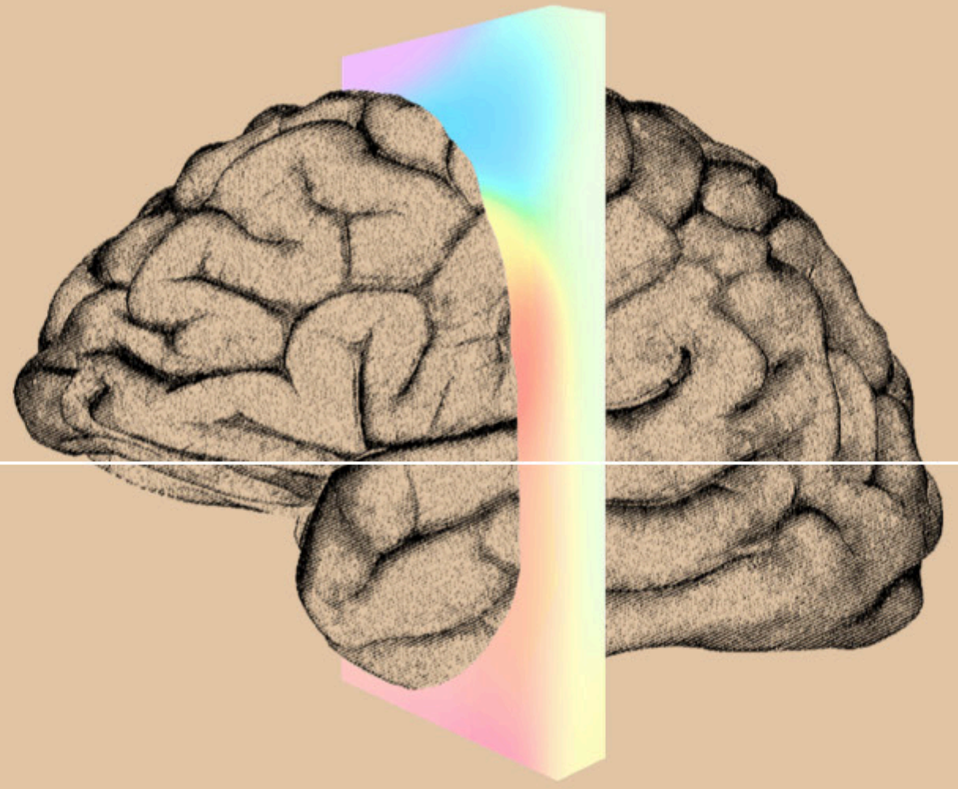
WILL THE LINK BE SAFE?

We have not yet begun clinical trials, and so we do not have safety data in humans. But safety has been at the core of the design process. In particular, the Link includes technical innovations for improving the safety of the surgical procedure compared to existing BMI devices or traditional neurosurgery. Here are a few examples.

There is always risk associated with general anesthesia, and that risk is reduced by shortening the time of the procedure. The Neurosurgical Robot is capable of efficient and reliable electrode insertion. Also, the robot is being designed to insert threads through a hole in the skull as small as 23 mm diameter. Combined with other advancements in robotic surgical tooling, this may allow us to eliminate general anesthesia and to implant the device under conscious sedation.

Inserting a device into the brain always carries some risk of bleeding. We are trying to reduce that risk by using micron-scale threads, inserted with a needle whose diameter is about the size of many neurons in the brain. Furthermore, because each thread is individually inserted, we are designing the Neurosurgical Robot to avoid damaging blood vessels at or near the surface of the brain.

Expanding Our World



Neuralink is a team of exceptionally talented people. We are creating the future of brain interfaces: building devices now that will help people with paralysis and inventing new technologies that will expand our abilities, our community, and our world.

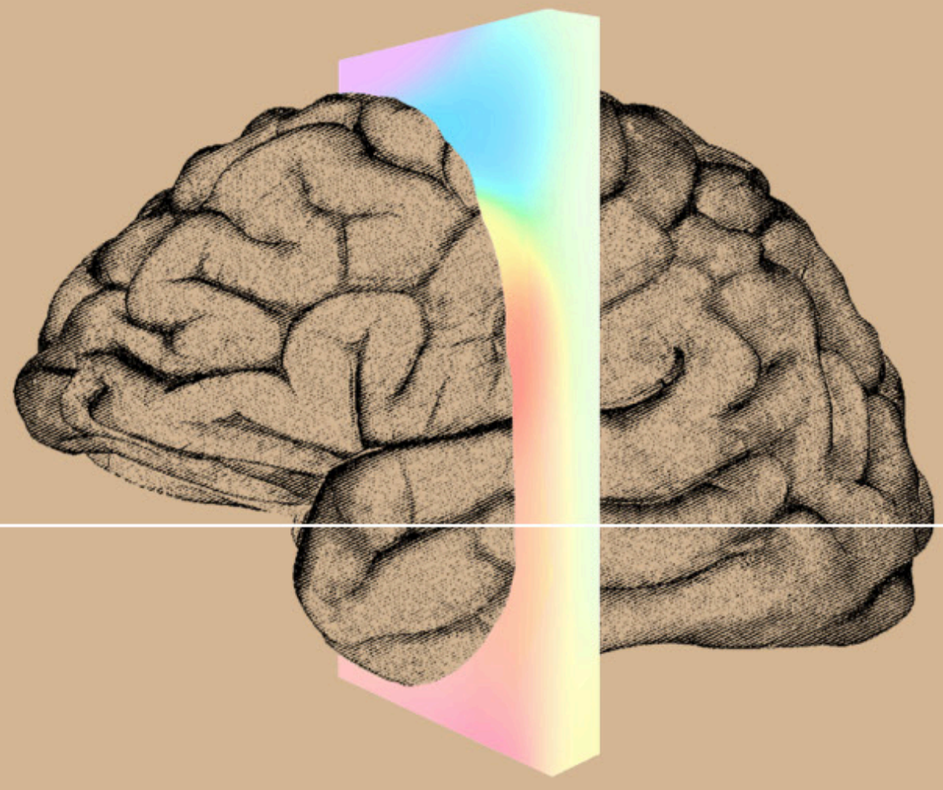
ABOUT US →

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SCIENCE
APPROACH
APPLICATIONS
ABOUT US —
CAREERS

Expanding Our World

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Join Neuralink

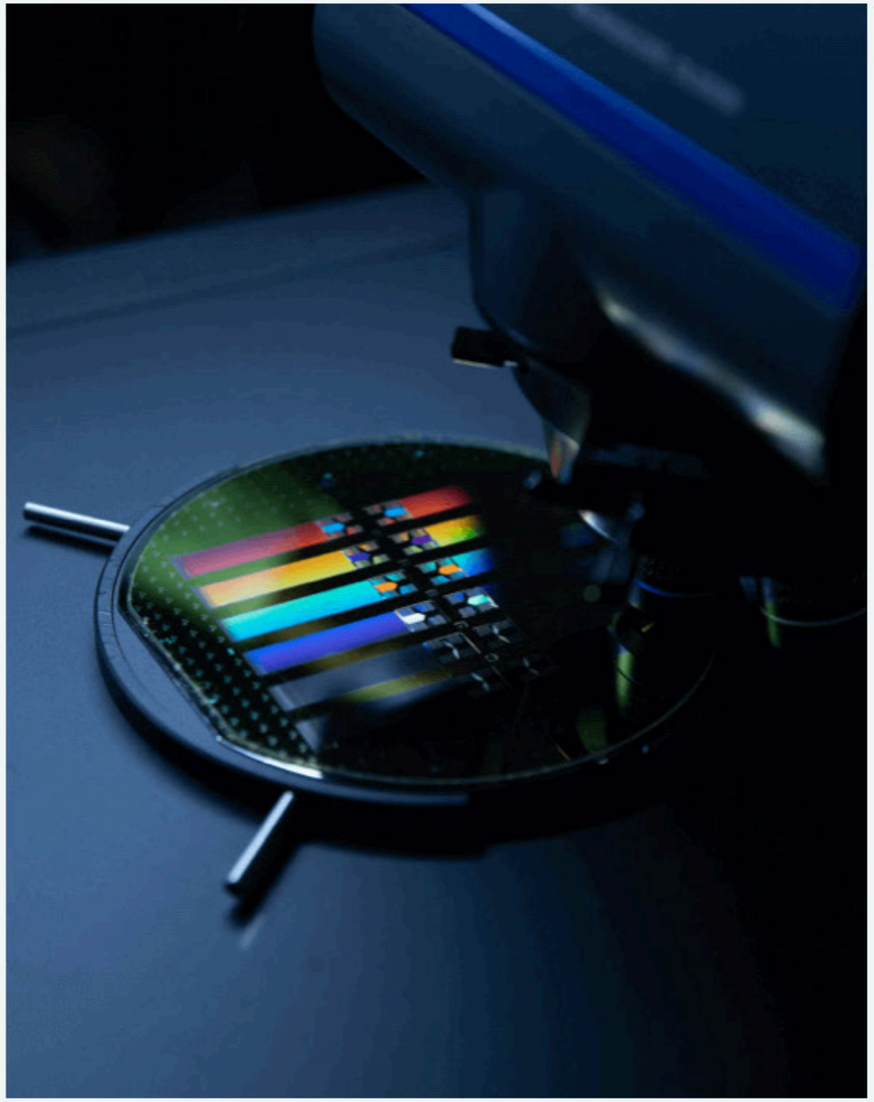
Developing neural interfaces is an interdisciplinary challenge. We are looking to hire a wide range of people with diverse engineering, scientific, and operations expertise.

JOB BOARD →

Stay Updated

We are a fast-paced company, continually improving on our technology. We look forward to sharing more of our progress in the future.

ENTER EMAIL →



Source: https://www.youtube.com/watch?v=E0cbIzJy-R0&fbclid=IwAR2oY0KkALydrVNCSh3987r8Zg5Ji8Lmkih3Oh2h3a4DsRrzSlbZiEC9f9k

CHAPTER FOUR



THE 4TH INDUSTRIAL REVOLUTION

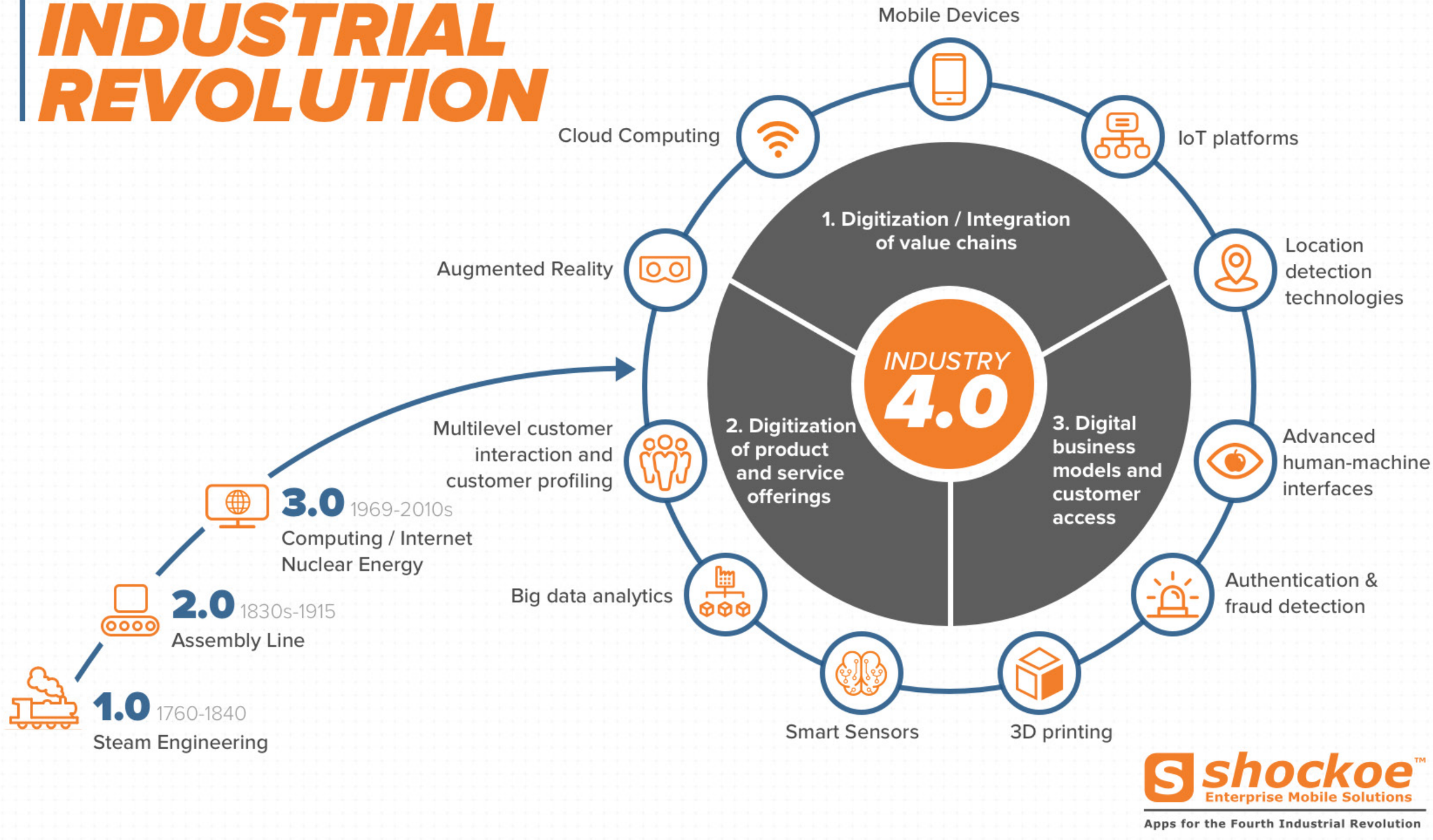
The Fourth Industrial Revolution can be described as the advent of "cyber-physical systems" involving entirely new capabilities for people and machines. While these capabilities are reliant on the technologies and infrastructure of the Third Industrial Revolution, the Fourth Industrial Revolution represents entirely new ways in which technology becomes embedded within societies and even our human bodies. The term was coined by Professor Klaus Schwab, Founder of the World Economic Forum.

See:

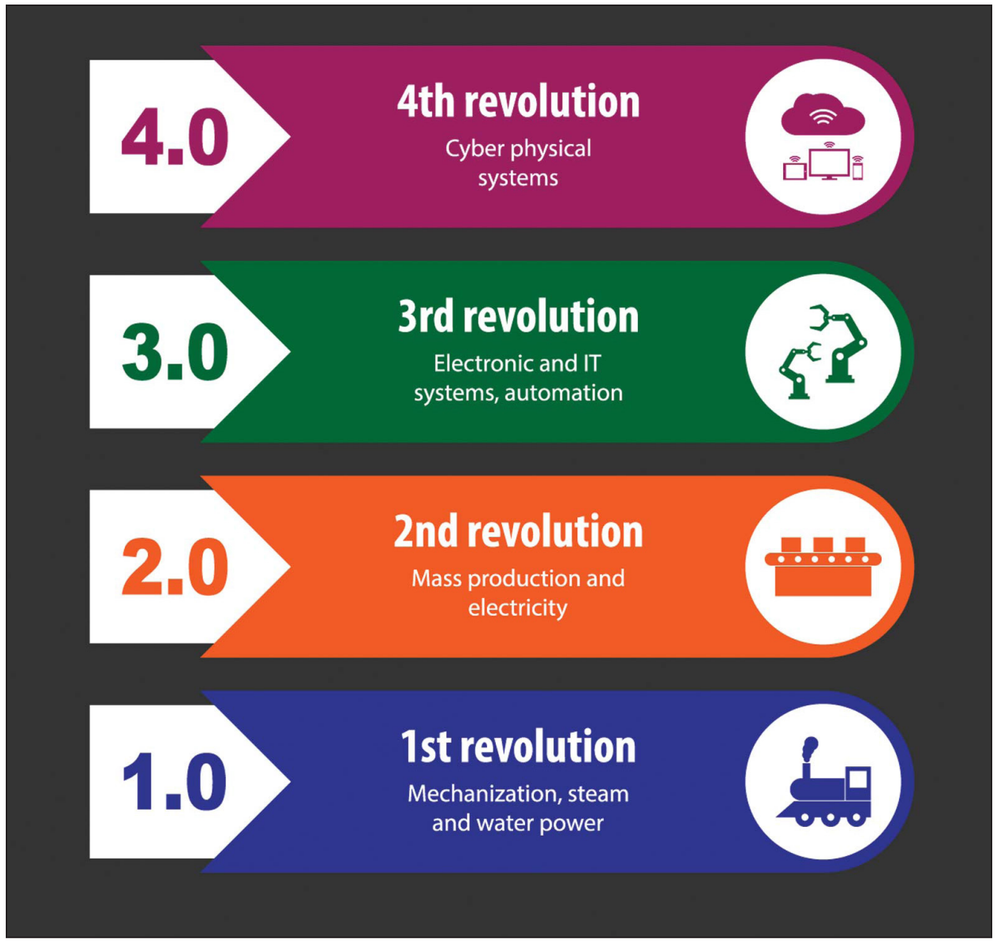
https://www.weforum.org/agenda/2016/01/what-is-the-fourth-industrial-revolution

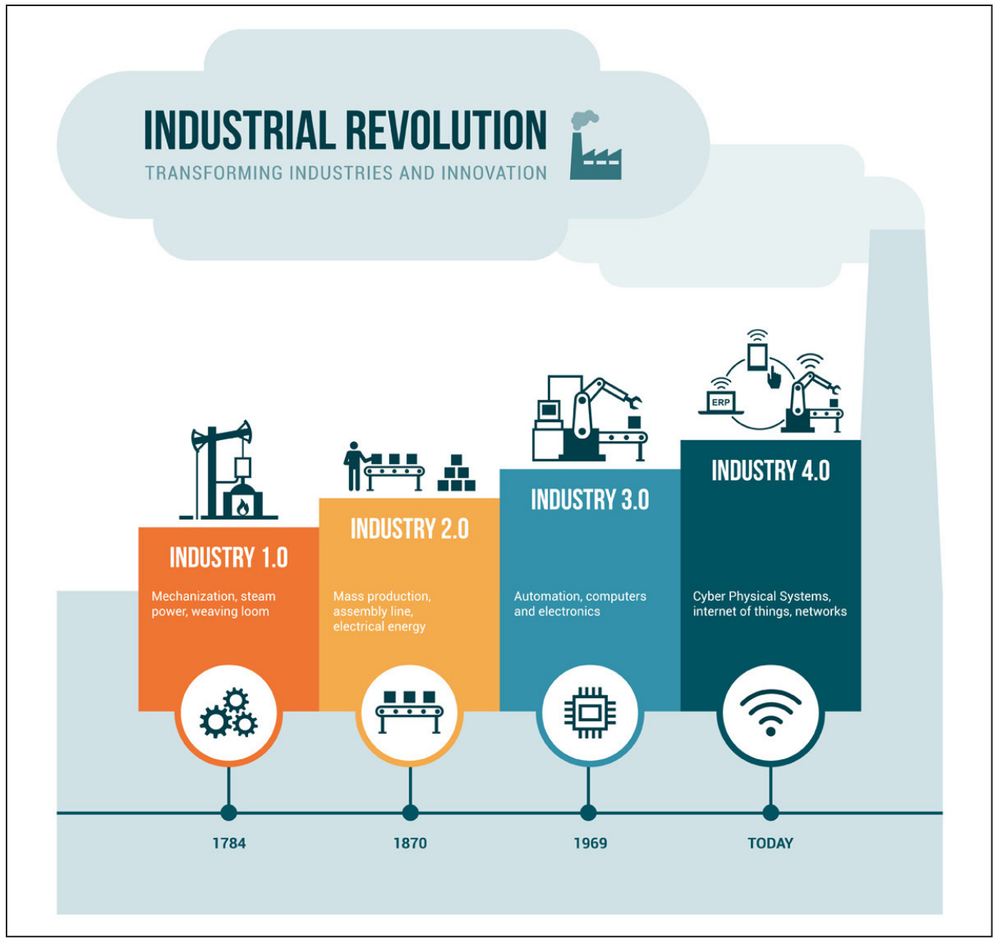
THE DAWN OF THE

FOURTH INDUSTRIAL REVOLUTION



shockoe™
Enterprise Mobile Solutions
Apps for the Fourth Industrial Revolution





THE 4TH INDUSTRIAL REVOLUTION

And What It Means To You

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ROT308

WELCOME TO

The Fourth Industrial Revolution

Technological innovations are fuelling momentous change throughout the world, generating great benefits and challenges, in equal measure.

by Klaus Schwab

THROUGHOUT HISTORY, revolutions have occurred when new technologies and novel ways of perceiving the world trigger a profound change in economic systems and social structures. The first profound shift — the transition from foraging to farming — happened 10,000 years ago, and was made possible by the domestication of animals. The agrarian revolution combined the efforts of animals with those of humans for the purpose of production, transportation and communication. Little by little, food production improved, spurring population growth and enabling larger human settlements and the rise of cities.

The agrarian revolution was followed by a series of industrial revolutions that began in the second half of the 18th century, with the first spanning from about 1760 to 1840. Triggered by the construction of railroads and the invention of the steam engine, it ushered in mechanical production. The second, which started in the late 19th century and into the early 20th century, made mass production possible, fostered by the advent of electricity and the assembly line. The third industrial revolution began in the 1960s. It is usually called the computer or digital revolution because it was catalyzed by the development of semiconductors, mainframe computing (1960s), personal computing (1970s and 80s) and the Internet (1990s).

Today, we are in the midst of a fourth industrial revolution that began at the turn of this century and builds on the digital revolution. In this article I will describe the challenges and opportunities it presents for modern business leaders.

A Different Kind of Revolution

The fourth industrial revolution is not just about smart and connected machines and systems: its scope is much wider. Occurring simultaneously are waves of further breakthroughs in areas ranging from gene sequencing to nanotechnology, from renewables to quantum computing. It is the fusion of these technologies — and their interaction across the physical, digital and biological domains — that make this revolution fundamentally different from its predecessors.

Emerging technologies and broad-based innovation are diffusing much faster and more widely than in previous revolutions — which continue to unfold in some parts of the world. The second industrial revolution, for instance, has yet to be fully experienced by 17 per cent of the world, as nearly 1.3 billion people still lack access to electricity. This is also true for the third industrial revolution, with more than half of the world's population — four billion people, most of whom live in the developing world — lacking internet access.

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While I am convinced that the fourth industrial revolution will be every bit as powerful and historically important as the previous three, I have two primary concerns about factors that may limit its potential. First, the levels of leadership and understanding of the changes underway — across sectors — are low, when contrasted with the need to rethink our economic, social and political systems to respond to the current revolution. As a result, both at the national and global levels, the requisite institutional framework to govern the diffusion of innovation and mitigate the disruption is inadequate at best — and at worst, altogether absent.

Second, the world lacks a consistent, positive and common narrative that outlines the opportunities and challenges of the fourth industrial revolution — a narrative that is essential if we are to empower a diverse set of individuals and communities and avoid a backlash against the fundamental changes underway. The speed of innovation in terms of both its development and diffusion is faster than ever. But it is not just about speed; returns to scale are equally staggering. Digitization means automation, which in turn means that companies do not incur diminishing returns to scale (or less of them, at least).

To give a sense of what this means at the aggregate level, compare Detroit in 1990 — then a major center of traditional industries — with Silicon Valley in 2014: ***in 1990, the three biggest companies in Detroit had a combined market capitalization of $36 billion, revenues of $250 billion, and 1.2 million employees. In 2014, the three biggest companies in Silicon Valley had a considerably higher market capitalization ($1.09 trillion), generated roughly the same revenues ($247 billion), but with about 10 times fewer employees (137,000).***

The fact that a unit of wealth is created today with so many fewer workers compared to 15 years ago is possible because digital businesses have marginal costs that tend towards zero. Additionally, the reality of the digital age is that many new businesses provide 'information goods' with storage, transportation and replication costs that are virtually nil. Some disruptive technology companies seem to require little capital to prosper. Businesses such as Instagram or WhatsApp, for example, did not require much funding to start up, changing the role of capital and scaling business in the fourth industrial revolution. Aside from speed and breadth, this revolution is unique because of the growing harmonization and integration of so many different disciplines and discoveries. Today, for example, digital fabrication technologies can interact with the biological world. Some designers and architects are already mixing computational design, additive manufacturing, materials engineering and synthetic biology to pioneer systems

that involve the interaction among micro-organisms, our bodies, the products we consume, and even the buildings we inhabit. In doing so, they are making (and even 'growing') objects that are continuously mutable and adaptable — hallmarks of the plant and animal kingdoms. Meanwhile, artificial intelligence (AI) is all around us, from self-driving cars and drones to virtual assistants and translation software. AI has made impressive progress, driven by exponential increases in computing power and by the availability of vast amounts of data — from software used to discover new drugs to algorithms that predict our cultural interests. Many of these algorithms learn from the 'bread crumb' trails of data that we leave in the digital world. This results in new types of 'machine learning' and automated discovery that enables 'intelligent' robots and computers to self-program and find optimal solutions from first principles.

Applications such as Apple's Siri provide a glimpse of the power of one subset of the rapidly-advancing AI field — so-called intelligent assistants. Voice recognition and artificial intelligence are progressing so quickly that talking to computers will soon become the norm, creating what some technologists call 'ambient computing', in which robotic personal assistants are constantly available to take notes and respond to our queries.

Inequality: A Systemic Challenge

It is my belief that the fourth industrial revolution will generate great benefits and challenges, in equal measure. Of particular concern is exacerbated inequality. The challenges posed by rising inequality are hard to quantify, as a great majority of us are consumers and producers, so innovation and disruption will both positively and negatively affect our living standards and welfare. To date, the consumer seems to be gaining the most, as the current revolution has made possible new products and services that increase (at virtually no cost) the efficiency of our personal lives. Ordering a cab, finding a flight, or watching a film — all of these tasks can now be done remotely.

The challenges created by this revolution appear to be mostly on the supply side — in the world of work and production. Over the past few years, an overwhelming majority of the most developed countries and some fast-growing economies such as China have experienced a significant decline in the share of labour as a percentage of GDP. Half of this drop is due to the fall in the relative price of investment goods, itself driven by the progress of innovation (which compels companies to substitute labour for capital.)

As a result, the great beneficiaries of this revolution are the providers of intellectual or physical capital — the innovators, the investors and the shareholders — which explains the rising gap in wealth between those who depend on their labour and those who own capital. It also accounts for the disillusionment among so many workers — convinced that their real income may not [and likely won't] increase over their lifetime and that their children may not have a better life than theirs [and likely won't].

The concentration of benefits and value in just a small percentage of people is also exacerbated by the so-called 'platform effect', in which digitally-driven organizations create networks that match buyers and sellers of a wide variety of products and services and thereby enjoy increasing returns to scale. The consequence of the platform effect is a concentration of few but powerful platforms that dominate their markets. The benefits are obvious, particularly to consumers: higher value, more convenience and lower costs. Yet so, too, are the societal risks. To prevent the concentration of value and power in just a few hands, we have to find ways to balance the benefits and risks of digital platforms (including industry platforms) by ensuring openness and opportunities for collaborative innovation.

The question for all industries and companies is no longer '*Am I going to be disrupted?*' but, '*When is disruption coming, and what form will it take?*' It is our responsibility to ensure that we establish a set of common values to drive policy choices and to enact the changes that will make the fourth industrial revolution an opportunity for all.

Three Categories of Megatrends

My selection of the key technologies to watch is based on research done by the World Economic Forum and the work of several of its Global Agenda Councils. We have identified three sets of megatrends that convey the broad landscape of technological drivers to date, and they are deeply interrelated.

1. PHYSICAL MEGATRENDS

To date, there are four key physical manifestations of the technological megatrends. Autonomous vehicles. The driverless car dominates the news, but there are many other autonomous vehicles out there — including trucks, drones, aircrafts and boats. As technologies such as sensors and AI progress, the capabilities of these autonomous machines will improve at a rapid pace. It is only a question of a few years before low-cost, commercially-available drones, together with submersibles, are used in widespread applications, including checking electric power lines or delivering medical supplies in war zones. And in agriculture, the use of drones — combined with data analytics — will enable more precise and efficient use of fertilizer and water.

3D printing, also called 'additive manufacturing', consists of creating a physical object by printing layer-upon-layer from a digital 3D drawing or model. This is the opposite of 'subtractive manufacturing' — which is how things have been made until now, with layers being removed from a piece of material until the desired shape is obtained.

This technology is being used in a broad range of applications, from large (wind turbines) to small (medical implants). For the moment, it is primarily limited to applications in the automotive, aerospace and medical industries. Researchers are already working on 4D — a process that would create a new generation of self-altering products capable of responding to environmental changes such as heat and humidity. This technology could be used in clothing or footwear, as well as in health-related products such as implants designed to adapt to the human body.

Advanced robotics: Until recently, the use of robots was confined to tightly-controlled tasks in specific industries such as automotive. Today, robots are increasingly used for a wide range of tasks, from precision agriculture to nursing. Rapid progress in robotics will soon make collaboration between humans and machines an everyday reality. Moreover, because of other technological advances, robots are becoming more adaptive and flexible, with their structural and functional design inspired by complex biological structures (an extension of a process called biomimicry, whereby nature's patterns and strategies are imitated.)

New materials: There are now applications for 'smart materials' that are self-healing or self-cleaning, metals with memory that revert to their original shapes, and ceramics and crystals that turn pressure into energy. Take advanced nanomaterials such as graphene, which is about 200-times stronger than steel, a million-times thinner than a human hair, and an efficient conductor of heat and electricity. When graphene becomes price competitive — currently it is one of the most expensive materials on earth, with a micrometer-sized flake costing more than $1,000 — it could significantly disrupt the manufacturing and infrastructure industries.

The Disruptive Power of Platforms by Sangeet Paul Choudary, Geoffrey Parker and Marshall Van Alstyne

We used to live in a world where businesses operated 'pipelines', creating products and services that flowed through a linear value chain from supplier to consumer. But increasingly, market upstarts are leveraging connectivity, democratized tools of production and recent developments in artificial intelligence to challenge this linear flow of value — building 'platform ecosystems' that enable value exchange across a network of participants.

These platforms do not need to create value themselves: instead, they aid in the creation of value by producers and consumers in their network. Platforms create incentives for participation, provide a plug-and-play infrastructure for people to connect, and rules that foster interactions. **Facebook** doesn't create its content, **Google** its web pages, **Apple** its apps, or **Alibaba** its store fronts. These successful platform companies have led the way, followed by entrants like **Uber**, **Airbnb**, **Flipkart**, **Slack** and **Spotify**. Each has grown rapidly by aggregated ecosystems of value in a very small period of time. We have observed that two narratives characterize this disruption:

1. Efficient Pipelines Beat Inefficient Ones

Newspapers were the first to feel the heat as 'efficient pipes' beat inefficient ones. The Internet of the 1990s created a vast global infrastructure for the distribution of content and access to markets at near-zero marginal costs of distribution. Newspapers were rapidly disrupted because of the Internet's ability to deliver news globally for free. The further unbundling of classifieds and advertising from news into multiple pipelines further challenged the traditional news business model. While the entire industry suffered, two types of companies played by new rules: on the one hand, **Google** created a massive empire by aggregating unbundled advertising and growing that market further; on the other hand, traditional media houses like **Schibsted Media Group** shifted their focus from advertising to online classifieds to instead own the monetizable portions of the news business.

In a similar manner, **Amazon**'s rise as an e-commerce store triggered the fall of retailers like **Borders** while also putting many traditional mom-and-pop stores out of business because they could not compete with Amazon's superior distribution economics. **Netflix**, likewise, beat **Blockbuster** by leveraging a data-rich pipeline to first disrupt rentals and then subsequently change the game to streaming. In short, Amazon and Netflix built efficient online pipeline businesses with better scale economics, successfully disrupting their offline counterparts.

2. Platforms Beat Pipelines

Over the last decade, we have seen a second wave of disruption sweep across industries: platforms are now beating pipelines. The most successful businesses on the Internet today are platforms, and their rapid scaling is enabled by a combination of four factors:

Minimal marginal costs of expansion. Platforms are asset-light and serve primarily as the infrastructure that enables producers and consumers to interact. Platform infrastructure often has large fixed but low marginal costs, so the cost of scaling supply is minimal. At the same time, demand continues to benefit from the superior economics of the Internet. When Amazon moved to a platform model, it scaled its supply without bearing the marginal costs of operations. Platforms benefit from superior marginal economics on both supply and demand.

Network effects. In an ecosystem, more production leads to more consumption, and vice versa. This enables platforms to build large businesses without investing heavily in ecosystem creation once they achieve critical mass.

Virality. Platforms scale rapidly because users spread the word to other users during the course of using the platform, and that brings in new users who find an increasingly valuable platform because of the network effects described above.

Intelligence. Finally, platforms scale because they scale their data, their intelligence, and their ability to reliably match producers with consumers over time. As the ecosystem scales, the best platforms ensure that the relevance of its interactions scale, as well.

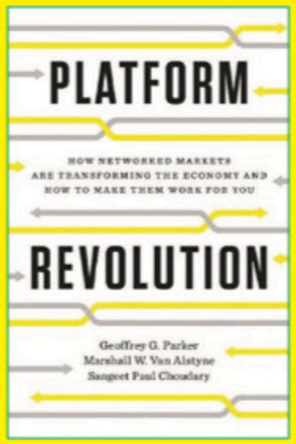
For example, Apple and Android leveraged a platform approach to beat the pipeline model of **Nokia** and **BlackBerry**; Amazon became a platform when it opened itself up to third-party merchants. Airbnb grows its accommodation base through a platform approach and scales faster than any hotel chain; Alibaba has used the platform approach to transform Chinese commerce, and is increasingly transforming finance in China; and traditional incumbents like **BestBuy** and **Walmart** find it difficult to compete with Amazon's burgeoning platform.

Elsewhere, platforms like **GoJek** and **Grab** are transforming public transportation in highly populated cities across South Asia and are proving more effective than all traditional public transportation measures. Moreover, their impact on changing car ownership poses a significant threat to the car manufacturing industry. Meanwhile, the car industry, itself, is building out business models where the car acts as a platform, capturing data about usage that can be leveraged by a larger ecosystem consisting of after-sales service stations and insurance firms to create new value for drivers in a highly personalized manner.

In closing

Platforms change the economics of participation, leading to the creation of entirely new markets. They also uncover new sources of supply. Platforms do not merely redistribute value, they create new sources of value, by providing meritocratic market access and simplifying the act of production.

As the fourth industrial revolution unfolds, platforms are repeatedly disrupting 'pipes', leveraging their lower transaction costs. To fight disruption, you need to closely evaluate your business model and identify transaction costs that could be eliminated in the future. Information-intensive industries have been the first to be disrupted, but make no mistake: more regulated industries like banking, education and healthcare will soon feel the pressure.



Sangeet Paul Choudary is the founder of Platform Thinking Labs. **Geoffrey G. Parker** is a Professor of Engineering at Dartmouth College and a visiting scholar at the MIT Initiative on the Digital Economy. **Marshall Van Alstyne** is a visiting scholar at the MIT Initiative on the Digital Economy and a professor at Boston University. They are co-authors of *Platform Revolution: How Networked Markets Are Transforming the Economy and How to Make Them Work For You* (Norton 2016).

2. DIGITAL MEGATRENDS

One of the main bridges between the physical and digital applications enabled by the fourth industrial revolution is the Internet of Things (IoT). In its simplest form, the IoT can be described as a relationship between things (products, services, places and people) that is made possible by connected technologies and various platforms.

Sensors and numerous other means of connecting things in the physical world to virtual networks are proliferating at an astounding pace. Smaller, cheaper and smarter sensors are being installed in homes, clothes and accessories, cities, transport and energy networks, as well as manufacturing processes. This will radically alter the way in which we manage supply chains by enabling us to monitor and optimize assets and activities at a very granular level. In the process, it will have transformative impact across industries, from manufacturing to infrastructure to healthcare.

The digital revolution is also creating radically new approaches to the way in which individuals and institutions engage and collaborate. For example, the Blockchain, often described as a 'distributed ledger', is a secure protocol where a network of computers collectively verifies a transaction before it can be recorded and approved. Bitcoin is so far the best known blockchain application, but the technology will soon give rise to countless others.

3. BIOLOGICAL MEGATRENDS

It took more than 10 years — at a cost of $2.7 billion — to complete the Human Genome Project, but today, a genome can be sequenced in a few hours, for less than a thousand dollars. With advances in computing power, scientists will no longer have to go by trial and error; rather, they will test the way in which specific genetic variations generate particular traits and diseases.

Synthetic biology is the next step. It will provide us with the ability to customize organisms by 'writing' DNA. Setting aside the profound ethical issues this raises, these advances will not only have a profound and immediate impact on medicine, but also on agriculture and the production of biofuels.

Many of our intractable health challenges — from heart disease to cancer — have a genetic component. Because of this, the ability to determine our individual genetic make-up in an efficient and cost-effective manner (through sequencing machines used in routine diagnostics) will revolutionize personalized healthcare. Informed by a tumor's genetic make-up, doctors will soon be able to make decisions about a patient's cancer treatment.

Tipping Points Expected by 2025

10% of people will be wearing clothes connected to the Internet	91.2%
90% of people will have unlimited and free (advertising-supported) storage	91%
1 trillion sensors will be connected to the Internet	89.2%
The first robotic pharmacist	86.5%
10% of reading glasses will be connected to the Internet	85.5%
80% of people will have a digital presence on the Internet	84.4%
The first 3D-printed car will be in production	84.1%
The first government will replace its census with Big Data sources	82.9%
The first implantable mobile phone will be available commercially	81.7%
5% of consumer products will be printed in 3D	81.1%
90% of the population will be using smartphones	80.7%
90% of the population will have regular access to the Internet	78.8%
Driverless cars will equal 10% of all cars on U.S. roads	78.2%
The first transplant of a 3D-printed liver will occur	76.4%
30% of corporate audits will be performed by AI	75.4%
Tax will be collected for the first time by a government via the Blockchain	73.1%
Globally, more trips/journeys will occur via car sharing than in private cars	67.2%
10% of global gross domestic product will be stored on blockchain technology	57.9%
The first AI machine will sit on a board of directors	45.2%

The ability to 'edit' biology can be applied to practically any cell type, enabling the creation of genetically-modified plants or animals, as well as modifying the cells of adult organisms including humans. The list of potential applications is virtually endless — ranging from the ability to modify animals so that they can be raised on a more diet economical or better suited to local conditions, to creating food crops that are capable of withstanding extreme temperatures or drought.

3D manufacturing will be combined with gene editing to produce living tissues for the purpose of tissue repair and regeneration — a process called 'bioprinting'. This has already been used to generate skin, bone, heart and vascular tissue. Eventually, printed liver-cell layers will be used to create transplant organs. We will soon be confronted with new questions around what it means to be human, what data and information about our bodies and health can or should be shared with others, and what rights and responsibilities we have when it comes to changing the very genetic code of future generations.

Discussions about the opportunities and challenges of these capabilities are underway. Notably, in December 2015, the National Academy of Sciences and National Academy of Medicine of the U.S., the Chinese Academy of Sciences and the Royal Society of the UK convened an International Summit on Human Gene Editing. Despite such deliberations, we are not yet prepared to confront the realities and consequences of the latest genetic techniques.



Pictured at right: World Economic Forum Headquarters in Geneva, Switzerland.
Français : Siège du Forum économique mondial, Genève, Suisse.
Русский: Всемирный экономический форум, Женева, Швейцария.

Paid for primarily by the worlds global private banks, Big Pharma, Big Tech, governments, military, etc., who are dues paying [$60,000.00 to $600,000.00 per year] members.

In closing

Innovation is a complex social process, and not one that we should take for granted. To foster ground-breaking fundamental research and innovative technical adaptations across academia and business alike, governments should allocate more aggressive funding for ambitious research programs. Equally, public-private research collaborations should increasingly be structured towards building knowledge and human capital to the benefit of all.


ANNUIT COEPTIS
CHAPTER FIVE
MDCCLXXVI
NOVUS ORDO SECLORUM
TRINITY
FULL SPECTRUM DOMINANCE

A BRAVE NEW WORLD

ROBOTIC **SURVEILLANCE,**
ROBOTIC **DRONES,**
ROBOTIC **SOLDIERS,**

AND



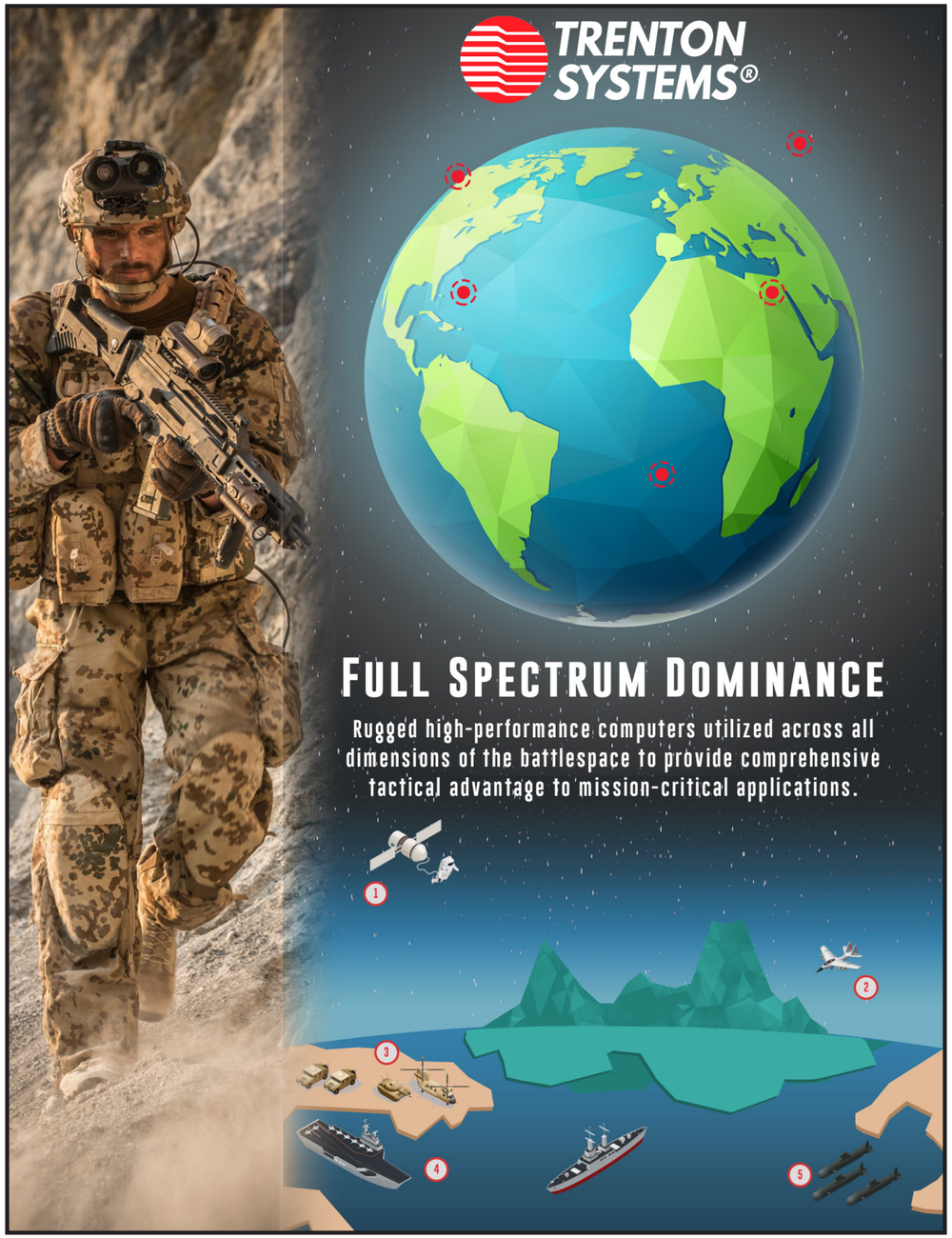
HUMAN-MACHINE INTERFACE IS *RESHAPING*

GLOBAL POWER,

GLOBAL POLITICS,

SOCIAL SYSTEMS,

AND **VIOLENCE.**



America's Black Budget & the Manipulation of Mortgage & Financial Markets

Financial Sense NewsHour
Radio & Net Talk Show Presenting

Catherine Austin Fitts Interview with Jim Puplava

May 22, 2004 Webcast

JP: Catherine, we've seen a lot of information and a lot of concern on Wall St. about the Mortgage markets. We've seen consumers take on more debt when it comes to taking on bigger mortgages, refinance. But this story gets much bigger than just the credit itself.

CA: Sure. Where would you like to start?

JP: (Laughter) Well, let's talk about black budgets and how the manipulation takes place in the mortgage and financial markets.

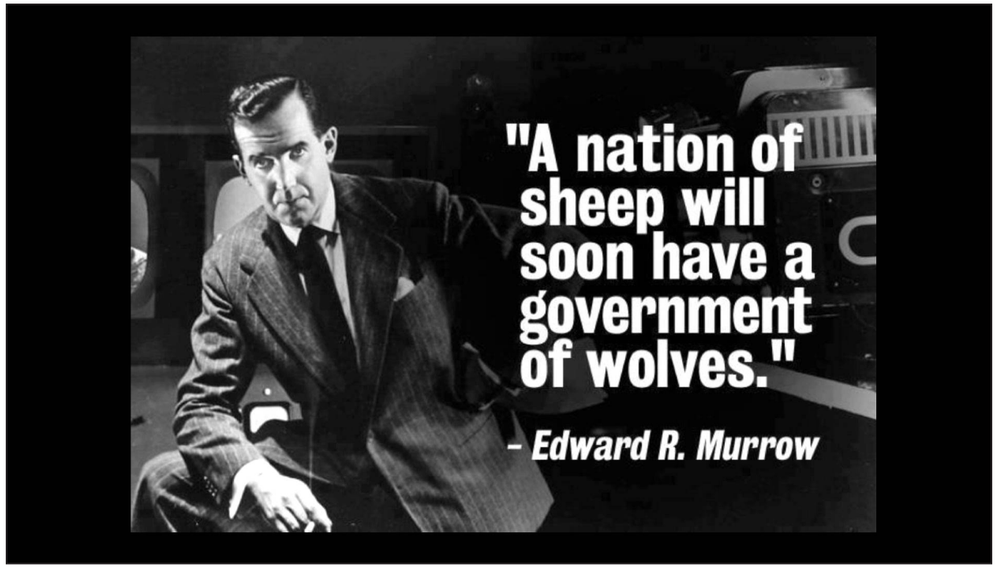
CA: OK. Let me start off with a story. When I became Assistant Secretary of Housing, I left Wall St. and went to Washington in 1989, and I walked into the FHA Jim, which at the time was a $300 billion portfolio of mortgage insurance, about 80% of that was single family. So it's homes, homes that Americans buy, and it's sort of broad middle class/lower middle class. And I walked in and I said to the guy who was supposed to be the Controller, and I said I'd like to see our financial statements.

So he delivered to my office about 20 pounds of books all on the budget, and I read it twice, and I called him and said "Look, I've read this thing twice – a couple of thousand pages – and I can't find out how much we are making or losing in the single family fund." By law, the SHA commissioner has sole fiduciary responsibility to make sure that the $50 to $100 billion of mortgage insurance originated is self-sustainable. So the premiums are supposed to fund whatever the defaults and losses are. So I said, "I can't find out how much money we're making or losing". "Well that's because", he said, "It's not in the budget". And I said, "Well where is it?" And he said, "Well the Accountants have it". And I said, "Well where can I find them?" And he said, "They report to a different Assistant Secretary, you're not allowed to speak to them".



JP: (Laughter)

CA: So I was a little bit taken aback. And to make a long story short, I had raised a lot of money for the first Bush, and so I lobbied extensively, and what I got was a pair of cufflinks, and the accountants moved over to report to me, it took about 2 months. And so I could finally talk to the accountants, and they came in and I said, "How much are we making or losing in the single family fund?" And they said, "We're losing $11 million a day."



JP: Wow.

CA: Exactly, so I said, "Well we have 10 regions and 80 field offices, where are we making or losing money?" And they said, "We don't know that." And I said, "We mail out checks, we have zip codes, so it's a crash emergency go-find-out." And they came back 2 months later, and it turned out we were making money in 8 regions, and losing money in 2 regions.

And I was also on the oversight board through the Secretary of the RTC, which was the cleanup of the S&L's, and it was very much the same pattern. It turned out that the two regions – 1 was Texas, which included Arkansas, so you had both the Bush's and the Clinton's in the same region, and the second was in Colorado. And what had happened, a significant part of what they called the S&L scandal and the HUD scandal was you literally had a financial fraud epidemic – it was called, some people call it Iran-Contra, but after you work through it and learned all about it, we had a significant black budget financial operation financing black budget projects with financial fraud, whether it was through the S&L's or HUD. And all of that could happen because you did not have transparency.

So one of the things I got passed when I worked with a group of people in the Administration was a requirement that you produce audited financial statements for the 24 agencies of government. One of the things I'd like to do is go through a little bit about that and tie it back to the mortgage bubble.

And so we got in the first Bush administration a law required that the Federal government had to produce audited financial statements, which went into operation in 1995, they had about 4 years before they were required. And what happened when the first financial statements came out, was essentially most agencies could not comply, or produce audited financial statements. And as of today Jim, in 2004, the Federal government has yet to comply with the laws requiring audited statements for those 24 agencies, and the Treasury consolidated.

JP: And yet they always need more money, but they can't account for where the money that they have goes.

CA: Right. In fact, in 2001 we did an estimate, and it turned out that 85% of the first Bush administration budget [was] going to agencies that weren't in compliance with the audited financial statements rules and reliable financial systems.

Anyway, let me fast forward. In 1995, when HUD produced the first audited financial statements, they were published, and a fellow came to see me, and he said, "Look, there's been a terrible mistake. You don't understand, my family's been in business for many generations, and we've been tracking all the FHA mortgage insurance outstanding in the market since the FHA went into existence in 1934, and there's a terrible mistake – the amount of outstanding FHA mortgage insurance in the markets is significantly more that is shown in these financial state-

ments … Now when the fellow came to see me, Jim I thought he was crazy because what he was saying was that the U.S. Treasury and the FHA were engaged in significant securities fraud. In other words, what he was saying was that there was a significant amount of FHA & Ginnie Mae (or FHA related) securities outstanding than was shown in the financial statements.

Now, that's what I've come to believe is true. In 1995, I thought the guy was nuts. What has been evidenced over the last 7 years, is that there is a pattern that suggests there is very significant financial fraud in the mortgage markets. And let me tell you a little bit about why I believe that to be true.

After I left the Bush administration, the Secretary of Treasury asked me to go back in as a Governor of the Federal Reserve. But I discovered the Internet when I was in HUD, and decided that I wanted to create my own securities firm that specialized in financial software. And I was convinced there was a tremendous opportunity to finance neighborhoods and places, and securitize small businesses and small real estate income and finance in the equity markets. In other words, in a world of privatization, there's no reason why you can't finance a lot of municipal functions with equity. …

So we wanted to do that, but a lot of it depended on creating the software tools to let you really see how the money works by place. And part of what I discovered when I was Assistant Secretary is, because there's no transparency in how the money works by place for government money, there's tremendous opportunities. There's neighborhoods where, for example, HUD is spending $250,000 per unit to rehab public housing, but you can buy a rehab single family in the same 3 or 4 block area for $50,000. So, to the extent that you can reengineer government money within a place, there's tremendous arbitrage opportunities if you combine that with financing places with equity. So we got very interested in doing that.

One of the things that happened was HUD later hired the [i.e. Catherine's software] company back on competitive contract, to help with $12 billion of defaulted mortgage auctions. HUD was the last of the RTC and the private financial institutions that auctioned all their mortgages. But HUD was kind of the Johnny-come-lately, and so hadn't done that, and we helped them do that between 1994 and '95 & '96. They auctioned successfully about $10 billion of mortgages. What happened in that process was we were able to get the recovery rates, which had traditionally been about 35 cents on the dollar, beyond the industry standards which was about 75



cents on the dollar, we got it up to about 70-90 cents on the dollar.

And then in 1996, [we] were targeted by … the only way I can describe it, have you ever heard of the movie "Enemy of the State"?

JP: Oh sure.

CA: OK. Well I have someone who introduces me at conferences and says "This woman played Will Smith in real life." Do you remember the role that Will Smith played?

JP: Oh absolutely.

CA: OK. Well what happened was we were targeted in a process where we went through a period of having 18 audits and investigations, and 12 pieces of litigation, and through that whole sort of enforcement process, the honest people were pushed out of HUD. And they pushed my company, and a series of other honest contractors and government officials out. And what happened in the year following that is HUD failed to produce audited financial statements, and reported undocumentable adjustments of $59 billion, that was in fiscal 1999. And throughout

government in fiscal 1999 thru 2000/2001, there were reports of not only failure to produced audited financial statements, but about $3.4 trillion of undocumentable adjustments. Very, very significant. That works out to about $11,000 per American resident.

JP: Where do all these losses get booked?

CA: What was happening [was that] annually, starting in 1995, the Federal government, the auditors underneath the auspices of each agency's Inspector General, would come forward and say, "This year we could or could not produce audited financial statements, ... and part of the reason is that we have undocumentable adjustments of $59 billion or whatever the number was." And so in this annual sweep up whereby the individual Inspector Generals would report into the Secretary of the Treasury and to the General Accounting Office (which is the auditor for Congress), it would come in through this annual sweep, and they would come in and say, "OK, we can't produce audited financial statements, and we have this much of undocumentable adjustments." At some point after the numbers got really crazy, they just decided after 9-11 to stop reporting them.

Now, when people say to me "What is $3.3 trillion of undocumentable adjustments?", let me give you an example. In fiscal 2000, the Department of Defense had $2.3 trillion in undocumentable adjustments. OK now, there's no way for us to know Jim, how much of that translates into cash. 'Cause $2.3 trillion is more than total taxes paid in a year by … say tax payers in that year would have paid taxes of about $1.6 trillion. So, there's no way to know if $2.3 trillion translates into how much cash, or how much cash is missing.

What we do know is that under the laws of the Constitution, which say money cannot be spent unless it is appropriated. It is essentially a violation of the Constitution to do that, with one exception. And this is where the black budget comes up. There are provisions under



the National Security Act of 1947 and the CIA Act of 1949 for military and military intelligence to crawl money from outside of different agencies' budgets, and spend it on non-transparent purposes. That's sometimes why it's called the "black budget".

And what I found out both as Assistant Secretary of Housing, and then what I found with my company … and with the group of honest guys kicked out of HUD, was you had an agency whose legal purpose and political purpose was to help finance the mortgage markets, whose mortgage insurance programs were increasingly caught up in financing black budget operations. And this is very much tied to what's going on in the mortgage markets.

By any chance Jim, do you watch the Soprano TV show?

JP: I don't watch television, but I'm aware of some of the themes and things that go on in the program.

CA: Congratulations on that, because I don't watch TV either.

JP: (Laughter)

CA: Approximately 2 years ago, one of the things that developed on the Soprano TV show was that Tony Soprano's new big business was HUD financial fraud. And it's interesting that the financial fraud that Tony Soprano was doing was very much one of the predominant kinds of fraud in the HUD single family portfolio, but one of the one's used to finance the black budget, and one of the models that was very prevalent during Iran-Contra.

JP: You know, it's amazing Catherine as we've seen the U.S. develop more into a financial economy, I guess a sign of the times the mob moves into mortgage finance.

CA: Yeah, it's really simple. If you had a company Jim that was not being productive, the way that that would stop is that ultimately somebody would pull the financing on you. Your bank would pull your financing, the SEC would not let you finance in the stock market at some point. If you had a local or state government the credit agencies would pull the plug on you. But part of the problem we've had in this country is that we have a Federal Governmental apparatus that can be non-transparent, not follow the laws of how money is supposed to work, function outside the boundaries of the law, and yet continue to finance. The New York Fed and the Federal Reserve can continue to print currency, and continue to borrow a significant amount of money in the securities market outside the boundaries of the law.

And the problem we have as investors is … you know, one of my favorite people, and he's been on your show before, is Bill Murphy and the guys at GATA. They've done a terrific job of documenting the manipulation in the gold markets. And for many years, I've tried to get Bill to understand that the manipulation in the gold markets that he's dealing with is the same people and same players that are manipulating the mortgage markets and the mortgage bubble. And they can do it, whether they do it in the gold market or the mortgage markets because they have access to a Governmental apparatus and financing apparatus which is non-accountable and not transparent.

JP: Catherine, this raises another subject in addition to your own experience, this weekend's edition of Barons did an article called "Swept Away" – it was how Fannie Mae keeps its losses from sullying the bottom line. And many investors may not be aware of the way the derivatives market works, but certain kind of investments, if they're held for the long-term, or carried on the balance sheet at cost (you never market them to market), other investments that are considered for trading purposes are marked to market, but there are certain accounting rules that allow not only what you saw at HUD, but organizations like Fannie to sweep losses onto the equity statement of their balance sheet.

CA: Right. I think the hardest thing about being an investor today is how do you get accurate information about the real values … how do you understand what Fannie Mae or Freddie Mac's portfolio is really worth? How do you trust the books? And it's unnerving because the market … you know, part of the thing that's keeping the stock prices where they are from what I see is tremendous manipulation within the markets. So we're looking at and tracking a political economy, not something that behaves according to traditional economics. Because you're not looking at honest books, and you're dealing in a situation where … you know, if in 1 year the Federal Government is missing $2.3 trillion, where does that money go, and where is it being reinvested? That's a huge cash flow that can take the markets one way or another.

JP: Well, the other thing that you have too is even if you were to come from an accounting background like myself or yourself, you look at Fannie Mae's 10-K filings last year, they were 181 pages …

CA & JP: (Laughter)

JP: … I mean that's become a novel! I mean it's almost like you have to become Sherlock Holmes to really find out what it is that you're looking at, and even then you don't know what it is you have, because most

people don't realize that the bulk of the $200 trillion … and that number just astounds me in terms of its size

CA: I know, it's kind of overwhelming. Let's make it simple. Because 5 years ago I decided that I was going to start traveling around the country by car to see what was really happening on the ground. Because I think you can always understand an economy by simply walking around and, you know, when I was on Wall Street I used to do due diligence by going to the company and just going up and down in the elevator and talking to the secretaries. Let's talk about what things look like on the ground in America, and what that means to the credit of a Freddie Mac or a Fannie Mae.

In the mid-90's Jim, we knew that a huge amount of jobs and income-generating activities in America were going to get outsourced to Asia. I mean, those decisions were made in the early 90's, and we knew that was going to happen. And I was a leader in Washington promoting a model whereby Americans paid down their debt, refinanced their communities and themselves on an equity basis, and redeveloped their skills. I mean, we knew the workforce was going to have to reengineer itself, and our pension funds and retirement arrangements were not going to be financially credible unless the workforce reinvented itself, and paid down its debt, you know, then. …

So we knew then we had a problem. And what happened is was my team was kicked out of Washington, and a decision was made instead of reengineering folks' skills, or migrating them to equity and starting new businesses, a decision was made to float the economy of the biggest wave of debt that I can imagine. And what we've done is we've seen consumer debt skyrocket.

I have a member of my group, the Solari Action Network, who reconfigures the BEA's statistics once a quarter, and what his calculations show is very much what I see on the ground in communities throughout America Jim, which is the average American household has income of

$32,000 per year, they have expenses of $37,000 per year, and they finance that $5,000 per year deficit with liquidating assets, working harder, or borrowing more. And of course as you know, and it's clear from your website, that the debt has gone … not just the consumer debt has gone up-up-up, but the mortgage debt has gone up-up-up. And now, that load is just increasing every year, and meantime we are accelerating moving all the jobs and income abroad.

Now, when you move all your income abroad, and you leave your growing debt at home, it doesn't take long to understand what's going to happen to a Fannie Mae or Freddie Mac or a Ginnie Mae. At some point the growing debt has got to get serviced, and the question is how?

You can flood the country with immigrants who can buy up real estate that you finance at the bottom, but at some point something's got to give in the middle. I mean, if you shrink and collapse the middle class, they're going to default on their mortgages.

JP: You would think Catherine though, given the size of this Credit bubble that we're creating - not only in mortgages, in the bond market, the proliferation of hedge funds that literally move large amounts of money in and out of the market – people would be paying more attention to debt. But I hear stories, you get these people on Wall Street that say we have no inflation, and the other side of that story is as long as the Fed raises interest rates at a measured pace, the stock market will continue to go up and consumers will continue to spend money. None of that makes sense to me.

CA: (Laughter). It makes no sense, unless you, let me give you an example. Last year we appropriated $87 billion for Iraq, but the administration has repeatedly says it can't explain where half of that money is going. It was interesting, one of the top reporters who followed the $3.3 trillion of missing money, I asked him the other day, I said, "Where do you think the $87 billion went to?" And they said, "Well, we think it went to finance the states' deficits, because they were screaming about the states' deficits, and then all of a sudden it stopped."

We've had a complete implosion of internal financial controls in the governmental apparatus. $3.3 trillion missing from government is a financial coup-d'etat. You can keep a bubble going as long as you can finance it. And my guess is, again very much credited to Bill Murphy, what we're watching is a securities operation both with the Federal agencies, the mortgage agencies, and the U.S. Treasury, which are financing a political economy. The money that comes in from those

debt operations are being used for other than their lawful purposes.

Here's the question: If we're manipulating the gold market, who's financing that? Who's financing the money that it costs to manipulate the gold market? Well, if $2.3 trillion is missing in a year, that's plenty enough to manipulate the gold market and a lot of other markets.

JP: You know, you would think though Catherine, and this is why I just wonder if we're coming up against some headwinds here, because certainly even though you can manipulate markets, you can bring interest rates down, you can keep asset prices inflated, but let's bring this down to Main street. You've driven around looking at these communities. If people are losing their jobs, if the jobs are going overseas, if they're downsized where they're not making the same kind of income they used to make let's say 5, 10, 15 years ago, they're adding more debt, even though that debt is at a lower interest rate, there comes a point where you can't get any more debt, nobody wants to give you another credit card, or the bank simply will not give you another home equity loan. I mean at some point you run up against a wall.

CA: Right, and that's where we are. I'm in Washington DC today, but I live in Hickory Valley Tennessee. In western Tennessee, in many of the communities, we're in a state of depression. I mean, the middle class is essentially being wiped out. And, you're absolutely right, without that fundamental productivity in the economy, there can be no economic gains. Now you can get some economic gains by moving in lots of immigrants. I mean, my impression Jim is that the borders are open, and America is experiencing very rapid immigration, and that's part of what's keeping the economy propped up. You can also keep activity going as long as you can finance the U.S. economy by borrowing more money, and printing more dollars, and pushing more dollars out. But we've reached a point where immigration and warfare are two economic activities after a bubble, but what we've been watching for years in this country is very significant falling productivity …

JP: Explain the productivity miracle that Greenspan trumpets every time he's on top of Capitol Hill.

CA: We're running the economy to centralize wealth. We're using what I call a negative return on investment Governmental apparatus, both the budget and the credit and regulation, to centralize bank deposits, centralize purchases, centralize investments. We're centralizing political and economic power. And in the process of that, we're doing not what I call privatization



– privatization is when you transfer government assets to private investors at market price. "Piratization" is when you transfer government assets to private investors at significantly below market prices. So we're going through the process of using the Governmental apparatus to centralize economic power and wealth in a way that shrinks the total pie. And Greenspan's job is to put a pretty face on that. And the mortgage bubble's job, and the U.S. Treasury securities fraud, is to finance that.

So it's good for Greenspan, it's good for the people he works for, it's terrible for the economy, and it's certainly terrible for people like you and me. And an honest finance guy is at a huge disadvantage in this environment

JP: It almost seems like we're turning the population in the U.S. into economic serfs, because you know, you take a two income family today, between what it costs to buy a house, own two

cars and make payments, and send your kids to school, there's nothing left over.

CA: Well think about it this way. Another way to look at it is, say the average taxes per resident is about $5,000. And 85% of that, or say $4,700, is going to agencies who refuse to produce audited financial statements or reliable financial systems. And if you study the black budget, increasingly what you're seeing is that money is going to support private corporations and private banks who are using those resources to basically steal community assets out from under them. So you're basically financing an operation which is stealing all your political powers and economic wealth. It's a dream.

JP: Yeah, what this is, is a giant wealth transfer. And I remember, was is it Hayek's book "The Road to Serfdom" …

CA: [Catherine proceeds to expand on her alternative "open source" model of community equity financing … i.e. "securitizing" small business income … quoting Catherine, "I mean, why do we need a big corporation to come in and privatize our water? Why don't we just privatize our water, create a liquid security, and get the capital gains for ourselves?" … and again, "There are tremendous opportunities to reengineer this. Because whenever you have an economy that is this unproductive and this negative, if and where you can turn it around, the capital gains opportunities are absolutely enormous."]

JP: … So, maybe this is a grassroots movement that begins at this kind of level Catherine, because certainly large corporations today are outsourcing our jobs. And it's really the small businessman whose local that is the creator of jobs.
CA: Absolutely. But right now, you know if you come to a Rotary International lunch , right now the local small business guys are playing with multiples of 1-5x, and they're getting clocked by the large corporations, because they can finance at multiples of 20 and 30x …

JP: What has been the reception to this so far?

CA: Well, so far the reception has been tremendous, except from the Department of Justice and the Black Budget guys (laughter). We were prototyping 100 of these in 1998 Jim, and part of it was we had a software tool called Community Wizard, where you could dial in, say if you lived in San Diego, you could dial into Community Wizard and start to download all the data about

how the money worked in San Diego. And what we didn't realize at the time, because we were just naïve, was that that was illuminating a lot of the black budget fraud that was in the Federal mortgage portfolios. And, for example, when I was Assistant Secretary, I'd get these inventories that said we had 10 buildings on this block and I'd go fly there and I'd go drive by the block, and there'd be no 10 buildings there.

So the problem was when Community Wizard would illuminate you know the databases on what the Federal Government was doing in the mortgage business, and citizens in their community could get those numbers and police them, and see the money contiguous to the world where they walked around and drove around, and the lies came to the fore. …And now wherever I go, I get tremendous and positive response …

… You know, I'm a great believer that centralization is really nowhere near as productive as decentralization.

JP: Catherine, getting back to the other economy that's out there now, the Credit Bubble, Fannie Mae, Freddie Mac, all of this Credit financing, what's your view in terms of how this ends. I can't help but see

this whole thing crumbling, and maybe it's a private initiative that rises from the ashes such as the things that you're proposing that rebuild this economy, because certainly we have hollowed out this country in terms of what we've done to manufacturing. And you can't create wealth by just printing money and borrowing money.

CA: Right. I think there are two scenarios. One is the bust, which is this thing keeps going as long as it can be financed by the U.S. governmental apparatus, and at some point, you know, as the Japanese and everyone else says we're not buying any more of this, we're not taking more dollars, the thing busts. And when it busts, what you're going to have is, it's going to be 1929 but worse. Because in 1929, there was a lot of social capital in America. It was a much kinder, gentler place I think than it is now. And you had many more people that knew how to grow their own food, or knew how to function. So one scenario is the bust.

The other scenario though Jim is the Orwellian scenario, which is we've reached a point, and I've written many articles about this, where rather than let financial assets adjust, the powers

that be now have the control of the economy through the banking system and through the governmental apparatus, they can simply steal more money, keep financial assets, you know whether it's the stock market pumped up, the derivatives going, or the gold price manipulated down. And they simply liquidate all living things rather than let the economy go bust. In other words, you can adjust to your economy not by letting the value of the stock market or financial assets fall, but you can use warfare and organized crime to liquidate and steal whatever it is you need to keep the game going. And that's the kind of Orwellian scenario whereby you can basically keep this thing going, but in a way that leads to a highly totalitarian government and economy … corporate feudalism.

JP: It almost sounds like we're heading in that direction in some sense in terms of the words that they use, the way the statistics are manipulated, "seasonally adjusted" (laughter), I love those words. "Seasonally adjusted", what does that mean? Does that mean they're going to make the weather go away? I mean we'll just have sunshine every day. When you take labor numbers where we have 7 or 8 thousand actual jobs created, and I call them hypothetical jobs, we turn them into 300,000 jobs. Or you have inflation statistics that take everything that goes up and then adjust it for quality adjustments so there's no price increases …

CA: Right, those statistics have really reached a point where they're just almost worthless. My vision is citizen controlled and led transparency because at this point I just don't trust government to provide it. We're looking at an economy that is phenomenally manipulated and unfortunately Jim, digital technology has allowed a level of manipulation that people like you and I just couldn't envision.

But yeah, I think it's very hard for me to fathom how we can avoid the bust scenario. But in theory we can, as long as we continue to finance it, and part of that is rolling out alternative technology. I mean, we have the technology we need to provide alternatives to fossil fuel, but we haven't integrated them into the infrastructure. And as you know, it's one thing to have a technology, it's another to train a whole generation of people how to use it and how to integrate it into their businesses.

The scenarios that people discuss about peak oil are absolutely possible. Either one is possible, that we could have a bust, or sort of the Orwellian process but we simply destroy the middle class.
JP: You almost wonder if that's indeed the way we're going, because certainly, you know I can't imagine Catherine the average person on Main street, let's say he picks up the newspaper in the morning and he's reading that a government report says there's no inflation. Or he turns on the TV and he sees a news clip of Alan Greenspan talking about wonderful productivity, miracles going on with assets, and then the poor guy goes to work, pulls into maybe the filling station on the way to fill up his tank of gas, and then maybe on weekends goes to the grocery store or maybe he has to visit the doctor, and he's seeing his costs go up in a way that isn't described anywhere in the financial media. Yeah, they may talk about rising gas prices, but I always here this word "benign" inflation. What does that mean?

CA: Well it's funny, one of the things that was wonderful when I first moved to Hardeman County (Tennessee), I was driving around with one of the local farmers who was telling me essentially that they weren't efficient like the corporations. And, you know, we got into it a little bit more and what I discovered is that they didn't understand that they were having to compete on a basis where their revenues were greater than their overhead, and what they didn't realize was that local food franchise was laundering money and doing pump-and-dump stock market fraud, and so that they didn't have to generate revenue sufficient to cover their expenses. And the problem wasn't that the small farmer was "out of it", or not clever, it was the small farmer was honest, and was up against competition that was essentially practicing organized crime. And so I think part of the challenge is if you're sort of a regular guy in America, you're in the middle of economic warfare, and how do you see the game? How do you see the game clearly? And how do you see the game in a way that you then have the opportunity to do something about it? Cause there's no sense in seeing the game if it just depresses you to no end. So how do you see the game, and then how do you organize? It's funny, when I started to do speaking tours about the financial fraud in Washington, somebody said to me "Do you think there is a conspiracy?" And I said, "Look, don't worry about if there is a conspiracy, you need to start one."

JP: (Laughter)

CA: And the idea was, you know, we need to organize, if we're going to function in political markets and the political economy, and government is essentially going to be controlled by private players who are using that governmental apparatus to outfox us in the game of economic warfare, we need to organize to do the same. So we need to see that we're in a game of spiritual and economic warfare, and organize accordingly. So the average guy is going to have to figure out how he can, in fact, start whether it's locally or network globally. The pro-decentralization

team, the honest guys, are going to have to start forming conspiracies to shift the resources back to us.

JP: Well it seems like one way to do that Catherine would be in a world that's full of fiat currency floating around is to own something real and tangible, which is to own the gold and the silver.

CA: Absolutely. Absolutely. One of the great new vehicles in my life is I use Gold Money. I don't know if you've used any of this Digital Gold? But it's quite marvelous. Have you had James Turk on your show yet?

JP: Yeah, we've had him, and James is coming back in the month of June, which is going to be devoted to gold and silver.

CA: Great. I'm a very satisfied Gold Money consumer. And I'm a great believer in the precious metals right now. We've certainly seen it manipulated down, and it's certainly a manipulated market, but I feel very confident that the price of gold has quite a floor under it, and I think it's going to go up quite a lot in the next couple of years.

JP: (Comments on gold investment)

CAF Exactly, Exactly… You know something Jim, I've been stunned because, remember I spoke at the National Press Club with Murphy about 2 years ago, GATA did a great press conference, and C-SPAN covered it. And I would never have believed that they could keep the manipulation going on this long. … At the same time, I don't think that they can use the governmental apparatus to finance this game much longer, and I think precious metals have a tremendous market following. And so there's a fundamental economic support for precious metals that you can count on. So that's an investment that I believe in, and I agree with you absolutely, and they can't do this forever. … At some point, land has value and gold has value.

Catherine Austin Fitts
BACKGROUND & REFERENCES

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Catherine Austin Fitts is the President of Solari, Inc, an investment advisor (in formation) created to invest in equity managed by a Solari, an investment databank and investment advisor for a place, and to promote Solari Circles and Solari Circle Investor Clubs, clubs focused on local investment. She is a former Assistant Secretary of Housing-Federal Housing Commissioner in the first Bush Administration, a former managing director and member of the board of Dillon, Read & Co, Inc. and President of The Hamilton Securities Group, Inc. Catherine provides risk management services to investors through Sanders Research Associates in London. She writes "The Real Deal" column for Scoop Media New Zealand. Website: http://www.solari.com E-mail: Catherine@solari.com

Catherine Austin Fitts
On The COVID Scam, Illegal Wealth Diversion
Gold Market Manipulation & the $21 Trillion Robbery

January 1, 2021
By Jeff Prager

Does anyone read Catherine Austin Fitts (CAF)? She generally provides financial perspective based on decades of experience in the world of global and national finance but the essay below is really quite different than anything she's written before. It's about COVID and vaccines. For those of you that don't know what her accomplishments are, the crimes she's revealed and the government positions she's held but first a little about Catherine Austin Fitts:

Catherine Austin Fitts was born in 1950 and is an American investment banker and former public official who served as managing director of Dillon, Read & Co. and also as United States Assistant Secretary of Housing and Urban Development for Housing during the Presidency of George H.W. Bush. In the Bush administration she was billed as the "*cleaning lady of HUD*", charged with repairing its reputation in the aftermath of the savings and loan crisis.

In a 2004 study she wrote and published in World Affairs: The Journal of International Issues, she purported to find "*evidence that a very large proportion of the nation's wealth is being illegally diverted since several decades into secret, unaccountable channels and programmes with unspecified purposes, including covert operations and subversions abroad and clandestine military R&D at home. Public institutions have been infiltrated and taken over by shadowy groups in the service of powerful private and vested interests, often at the expense of the common good.*"

In 2017 Fitts co-authored a report, with Michigan State University economist Mark Skidmore, that claimed to find $21 trillion in unauthorized spending by the U.S. Department of Defense and U.S. Department of Housing and Urban Development over a 17 year period. Four days following the report's release, the Department of Defense announced it would undertake the first independent financial audit in its history. The report was subsequently cited by United States Representative Alexandria Ocasio-Cortez as evidence of government funding that could be redirected to healthcare programs.

Fitts has claimed that HUD's mission of spurring economic growth is secondary to what she contends is its use as a fundraising mechanism for military and intelligence agencies involving a complex securities scheme using HUD-backed Ginnie Mae investments. According to Fitts, HUD overpays to rehabilitate public housing and funnels the difference into unaudited black budget programs at the behest of national security agencies.

I recommend reading an essay by Catherine Fitts if you'd like to get to know her better. It's titled, "America's Black Budget & Manipulation Of Markets" and it was written in 2004:
Source: https://www.scoop.co.nz/stories/HL0405/S00268.htm

The Injection Fraud – It's Not a Vaccine

By Catherine Austin Fitts
January 01, 2021

I am not a scientist. I am not a doctor. I am not a biotech engineer. I am not an attorney. However, I read, listen, appreciate and try to understand those who are.

I was an investment banker until politics made it impossible to continue to practice my art. I was trained as a portfolio strategist—so I map my world by watching the financial flows and allocation of resources. I was also trained as a conspiracy generator and foot soldier—conspiracies being the fundamental organizing principle of how things get done in our world. It was not until I left the establishment that I learned that those not in the club had been trained to disparage and avoid conspiracies—a clever trick that sabotages their efforts to gather power. My response to living at war with agencies of the U.S. government for a time was to answer the questions of people who were sufficiently courageous and curious to solicit my opinion. Over many years, that response transformed into two businesses. One was The Solari Report, which continues to grow as a global intelligence network – we seek to help each other understand what is happening, to navigate and contribute to positive outcomes. The other was serving as an investment advisor to individuals and families through Solari Investment Advisory Services. After ten years, I converted that business to doing an ESG screen. What those who use it want—that is not otherwise readily available in the retail market—is a screen that reflects knowledge of financial and political corruption. Tracking the metastasizing corruption, it's an art, not a science.

When you help a family with their finances, it is imperative to understand all their risk issues. Their financial success depends on successful mitigation of all risk – whether financial or non-financial – they encounter in their daily lives. All non-financial risks impact the allocation of family resources – attention, time, assets and money.

Many of my clients and their children had been devastated and drained by health care failures and corruption–and the most common catalyst for this devastation was vaccine death and injury. After their lengthy and horrendous experiences with the health care establishment, they would invariably ask, "If the corruption is this bad in medicine, food and health, what is going on in the financial world?" Chilled by the thought, they would search out a financial professional who was schooled in U.S. government and financial corruption. And they would find me.

The result of this flow of bright, educated people blessed with the resources to pay for my time was that, for ten years, I got quite an education about the disabilities and death inflicted on our children by what I now call "the great poisoning." As a result, I had the opportunity to repeatedly price out the human damage to all concerned–not just the affected children but their parents, siblings and future generations—mapping the financial costs of vaccine injury again and again and again.

These cases were not as unusual as you might expect. Currently 54% of American children have one or more chronic diseases. Doctors that I trust assure me the number is much higher as many children and their families can not afford the care and testing necessary to properly diagnose what ails them.

The People's Truth—estimated that a heavily autistic child would cost present value $5MM to raise and care for over a lifetime. When my clients who were grandparents insisted that they would not interfere with their children's vaccine choices because it was "none of their business," I would say, "Really? Who has the $5MM? You or your kids?

When your kids need the $5MM to raise their vaccine-injured child, are you going to refuse them? You are the banker, and it is your money that is at risk here, so it is your business. Do you want to spend that $5MM on growing a strong family through the generations or on managing a disabled child who did not have to be disabled?" Often, that $5MM in expenditures also translates into divorce, depression and lost opportunities for siblings.

My clients helped me find the best resources—books, documentaries, articles—on vaccines. You will find many of them linked or reviewed at The Solari Report, including in our Library.

Of all the questions that I had, the one that I spent the most time researching and thinking about was why. Why was the medical establishment intentionally poisoning generations of children? Many of the writers who researched and wrote about vaccine injury and death assumed it was a mistake—resulting from the orthodoxy of a medical establishment that could not face or deal with its mistakes and liabilities. That never made sense to me. Writings by Forrest Maready, Jon Rappoport, Dr. Suzanne Humphries and Arthur Firstenberg have helped me understand the role of vaccines in the con man trick of saving money for insurance companies and the legally liable.

Here is one example of how the trick may play out. A toxin creates a disease. The toxin might be pesticides or industrial pollution or wireless technology radiation. The toxin damages millions of people and their communities. Companies or their insurance provider may be liable for civil or criminal violations. A virus is blamed. A "cure" is found in a "vaccine." The pesticide or other toxic exposure is halted just as the vaccine is introduced, and presto, the sickness goes away. The vaccine is declared a success, and the inventor is declared a hero. A potential financial catastrophe has been converted to a profit, including for investors and pension funds. As a portfolio strategist, I admit it has been a brilliant trick and likely has protected the insurance industry from the bankrupting losses it would experience if it had to fairly compensate the people and families destroyed.

Thanks to the work of Robert Kennedy and Mary Holland of Childrens Health Defense, I now understand the enormous profits generated by so-called "vaccines" subsequent to the passage of The National Childhood Vaccine Injury Act of 1986 and the creation of the National Vaccine Injury Compensation Program – a federal no-fault mechanism for compensating vaccine-related injuries or death by establishing a claim procedure involving the United States Court of Federal Claims and special masters.

Call a drug or biotech cocktail a "vaccine" and pharmecutical and biotech companies are free from any liabilities – the taxpayer pays. Unfortunately, this system has become an open invitation to make billions from "injectibles" particularly where government regulations and laws can be used to create a market through mandates. Unfortunately, various schemes have developed

for government agencies and legislators as well as corporate media to participate in the billions of profits – resulting in significant conflicts of interest.

The Public Readiness and Emergency Preparedness Act became law in 2005, adding to corporate freedoms from liability.

The Act

"*is a controversial tort liability shield intended to protect vaccine manufacturers from financial risk in the event of a declared public health emergency. The act specifically affords to drug makers immunity from potential financial liability for clinical trials of avian influenza vaccine at the discretion of the Executive branch of government. PREPA strengthens and consolidates the oversight of litigation against pharmaceutical companies under the purview of the secretary of Health and Human Services*" (~ Wikipedia.)

Over time, this has evolved to the engineering of epidemics—the medical version of false flags. In theory, these can be "psyops" or events engineered with chemical warfare, biowarfare, or wireless technology. If this sounds bizarre, dive into all the writings of the "Targeted Individuals." I learned about this first-hand when I was litigating with the Department of Justice and was experiencing significant physical harassment. I tried to hire several security firms; they would check my references and then decline the work, saying it was too dangerous. The last one took pity and warned me not to worry about electronic weaponry, letting me know that my main problem would be low-grade biowarfare. This biowarfare expert predicted that the opposing team would drill holes in the wall of my house and inject the "invisible enemy." Sure enough, that is exactly what happened. I sold my house and left town. That journey began a long process of learning how poisoning and nonlethal weapons are used—whether to move people out of rent-controlled apartments, sicken the elderly to move them to more expensive government subsidized housing, gangstalk political or business targets, or weaken or kill litigants—and the list goes on. Poisoning turned out to be a much more common tactic in the game of political and economic warfare in America than I had previously understood.

After I finished my litigation, I spent several years detoxing from heavy metal toxicity – including of lead, arsenic, and aluminum. As I drove around America, I realized it was not just me. Americans increasingly looked like a people struggling with high loads of heavy metals toxicity.

In the process of significantly decreasing my unusually high levels of heavy metals, I learned what a difference the toxic load had made to my outlook, my energy, and my ability to handle complex information.

This brings me to the question of what exactly a vaccine is and what exactly is in the concoctions being injected into people today as well as the witches brews currently under development.

In 2017, Italian researchers reviewed the ingredients of 44 types of so-called "vaccines." They discovered heavy metal debris and biological contamination in every human vaccine they tested. The researchers stated:

"*The quantity of foreign bodies detected and, in some cases, their unusual chemical compositions baffled us." They then drew the obvious conclusion, namely, that because the micro- and nanocontaminants were "neither biocompatible nor biodegradable," they were "biopersistent" and could cause inflammatory effects right away—or later.*"

Aborted fetal tissue, animal tissue, aluminum, mercury, genetically altered materials—and what else?

Whatever the ingredients of vaccines have been to date, nothing is more bizarre than the proposals of what might be included in them in the future.

Strategies—already well-funded and well on the way—include brain-machine interface nanotechnology, digital identity tracking devices, and technology with an expiration date that can be managed and turned off remotely. One report indicated that the Danish government and US Navy had been paying one tech company in Denmark to make an injectible chip that would be compatible with one of the leading cryptocurrencies.

I was recently reading Mary Holland's excellent 2012 review of U.S. vaccine court decisions (Compulsory vaccination, the Constitution, and the hepatitis B mandate for infants and young children," Yale Journal of Health Policy, Law, and Ethics) and I froze and thought, "*Why are we calling the injectibles that Bill Gates and his colleagues are promoting 'vaccines'? Are they really vaccines?*"

Most people are familiar with how Bill Gates made and kept his fortune. He acquired an operating system that was loaded into your computer. It was widely rumored that the U.S. intelligence agencies had a back door. The simultaneous and sudden explosion of computer viruses then made it necessary to regularly update your operating system, allowing Gates and his associates to regularly add whatever they wanted into your software. One of my more knowledgeable software developers once said to me in the 1990s—when Microsoft really took off—"*Microsoft makes really shitty software*." But of course, the software was not really their business. Their business was accessing and aggregating all of your data. Surveillance capitalism was underway.

The Department of Justice launched an antitrust case against Microsoft in 1998, just as the $21 trillion started to disappear from the U.S. government—no doubt with the help of specially designed software and IT systems. During the settlement negotiations that permitted Gates to keep his fortune, he started the Gates Foundation and his new philanthropy career. I laughed the other day when my tweet of one of Robert Kennedy Jr.'s articles from Children's Health Defense—describing the gruesome technology Gates is hoping to roll out through "injectibles" –inspired a response: "*Well, I guess he is finally fulfilling his side of his antitrust settlement*."

If you look at what is being created and proposed in the way of injectibles, it looks to me like these technological developments are organized around several potential goals.

The first and most important goal is the replacement of the existing U.S. dollar currency system used by the general population with a digital transaction system that can be combined with digital identification and tracking. The goal is to end currencies as we know them and replace them with an embedded credit card system that can be integrated with various forms of control, potentially including mind control.

"De-dollarization" is threating the dollar global reserve system. The M1 and M2 money supply have increased in the double digits over the last year as a result of a new round of quantitative easing by the Fed.

The reason we have not entered into hyper-inflation is because of the dramatic drop in money velocity occasioned by converting Covid-19 into an engineered shut down of significant economic activity and the banruptcy of millions of small and medium sized businesses. The managers of the dollar system are under urgent pressure to use new technology to centralize economic flows and preserve their control of the financial system.

Just as Gates installed an operating system in our computers, now the vision is to install an operating system in our bodies and use "viruses" to mandate an initial installation followed by regular updates.

Now I appreciate why Gates and his colleagues want to call these technologies "vaccines." If they can persuade the body politic that injectible credit cards or injectible surveillance trackers or injectable brain-macine interface nanotechnologies are "vaccines," then they can enjoy the protection of a century or more of legal decisions and laws that support their efforts to mandate what they want to do.

As well, they can insist that U.S. taxpayers fund—through the National Vaccine Injury Compensation Program–the damages for which they would otherwise be liable as a result of their experiments – and violations of the Nuremberg Code and numerous civil and criminal laws – on the general population. The scheme is quite clever. Get the general population to go along with defining their new injectible high-tech concoctions as "vaccines" and they can slip them right into the vaccine pipeline. No need to worry about the disease and death that results from something this unnatural delivered quickly. The notion of an emergency along with contact tracing and freedom from liability can protect you from the millions of likely deaths from such human experimentation. Ideally, you can blame the deaths on a virus.

A colleague once told me how Websters Dictionary came about. Webster said that the way the evildoers would change the Constitution was not by amending it but by changing the definitions—a legal sneak attack.

I believe that Gates and the pharma and biotech industries are literally reaching to create a global control grid by installing digital interface components and hooking us up to Microsoft's new $10 billion JEDI cloud at the Department of Defense as well as Amazon's multi-billion cloud contract for the CIA that is shared with all US intelligence agencies.

Why do you think President Trump has the military organizing to stockpile syringes for vaccines? It is likely because the military is installing the roaming operating system for integration into their cloud. Remember—the winner in the AI superpower race is the AI system with access

to the most data. Accessing your body and my body on a 24/7 basis generates a lot of data. If the Chinese do it, the Americans will want to do it too. The role out of human "operating systems" may be one of the reasons why the competition of Huawei and 5G telecommunications has become so fractious. As Frank Clegg, former President of Microsoft Canada has warned us, 5G was developed by the Israelis for crowd control. In the face of global "de-dollarization," this is how the dollar syndicate can assert the central control it needs to maintain and extend its global reserve currency financial power. This includes protecting its leadership from the civil and criminal liabiility related to explosive levels of financial and health care fraud in recent decades.

Which brings me back to you and me.

Why are we calling these formulations "vaccines"?

If I understand the history of case law, vaccines, in legal terms, are medicine. Intentional heavy metal poisoning is not medicine. Injectible surveillance components are not medicine. Injectible credit cards are not medicine. Injectible brain-machine interface is not a medicine. Immunity for insurance companies is not the creation of human immunity.

We need to stop allowing these concoctions to be referred to by a word that the courts and the general population define and treat as medicine and protect from legal and financial liability. The perpetrators of this fraud are trying a very neat trick–one that will help them go much faster and cancel out a lot of risk at our death, disease and expense. I understand why they are doing it.

What I don't understand is why we are helping them. Why are we acquiescing in calling these bizarre and deeply dangerous concoctions "vaccines"? Whatever they are, they are not medicine.

So, what shall our naming convention be? What name shall we give to the relevant poisons, neurological damaging metals and digital shackles?

Whatever we call them, I know one thing:

THEY ARE NOT MEDICINE,
WHICH MEANS THEY SURE ARE NOT VACCINES.

Catherine Austin Fitts Bio
P.O. Box 157
Hickory Valley, TN 38042
E-mail: Catherine@solari.com • Web: http://solari.com

President, 1998 to date, publisher of The Solari Report.
Solari Investment Advisory Services, LLC.

Managing Member, 2006 to date, of this investment advisory firm.
https://solariadvisors.com/

**The Hamilton Securities Group, Inc.,
Washington, DC, San Francisco, CA, and New York, NY.**

President, 1991-1998. Responsible for founding and building this broker-dealer/investment bank with special emphasis on financial software technology and advanced decision science. Transactions for government and private clients totaled $12 billion of auctions and private placements. Portfolio strategy for the Federal Housing Administration related to $400 billion of mortgage insurance and related securities and real estate assets and liabilities. Transactions and portfolio strategy relied heavily on pricing infrastructure of software, databases and pricing tools used to identify and price existing and pro forma geographic flows of private and public income and investment on an integrated basis.

**U.S. Department of Housing and Urban Development,
Washington, DC**

Assistant Secretary for Housing-Federal Housing Commissioner, 1989-1990. Responsible for the operations of the Federal Housing Administration, including: annual originations of $50-100 billion of mortgage insurance; servicing of $320 billion of mortgage insurance, mortgages and properties, portfolio analysis and pricing for 63,000 communities; production and management of assisted private housing; reengineering of organization of 7,000 employees in 80 offices nationwide; migration of systems to network systems and tools; and advisor to the Secretary on capital markets regulatory responsibilities, including the RTC Oversight Board, Federal Housing Finance Board and Home Loan Bank Board System, Fannie Mae and Freddie Mac.

Focus included changes in law, regulations and administration to institute financial and appropriation controls and financial, actuarial and place based disclosure for FHA, federal credit programs and agencies government wide.

Dillon, Read & Co. Inc., New York, NY

Managing Director and Member, Board of Directors, 1986-1989; Senior Vice President, 1984-1986; Vice President, 1982-1984; Associate, 1978-1982. Served in the Corporate Finance, Energy Finance, Mergers and Acquisitions and Public Finance Departments.

Academic

- The Wharton School, University of Pennsylvania, M.B.A., 1978 (Finance)
- The University of Pennsylvania, B.A., 1974 (History)
- Yale-in-China Language Institute, Hong Kong (Mandarin)
- Bennett College, A.A., 1970 (English)
- Summer Schools, Harvard 1969, Stanford 1970
- Sabbatical, MIT, Fall 1995

Publications

- Website: The Solari Report (http://solari.com)
- Lectures/Interviews: Regular Speaker & Radio Talk Show Guest
- On Line Book: Dillon Read & Co Inc & the Aristocracy of Stock Profits (https://dillonreadandco.com/)

Memberships Academic

- Member, Board of Trustees, The Friends Select School, 9/99-5/02
- Member, Graduate Executive Board, Wharton School, University of Pennsylvania, 4/86-10/94
- Member, Board of Overseers, Univ of Penn, School of Arts and Sciences, 2/87-3/89
- Member, Board of Directors, Wharton Business School Club of New York, Inc., 12/88-3/89
- Member, Advisory Board, The Wharton School Club of Washington, DC, 9/91-12/95
- Member, Board of Trustees, Bank Street College, 11/88-3/89
- Member, Capital Task Force Financial Advisory Group, NYC Board of Education, 7/87-3/89

Arts & Community

- Member, Board of Directors, New York City Food Bank, 3/87-3/89
- Member, Council for Excellence in Government, 7/91-12/97
- Member, The Urban Land Institute, 5/90-12/97
- Member, Board of Directors and Executive Committee, Nat. Multi Housing Council, 4/92-12/95
- Member, Board of Directors, The Housing Roundtable, Inc., 1/91-12/93

Business & Capital Markets

- Member, Board of Directors, Gold Anti-Trust Action Committee (GATA), 7/04 – 10/10
- Member, Rotary Club of Bolivar, TN, 3/04-5/06
- Member, Advisory Board, Sanders Research Associates, 6/01-8/04
- Member, The Economic Club of New York, 1/88-12/01
- Member, Board of Directors, Student Loan Marketing Association, Sallie Mae, 11/91-3/94
- Member, Board of Directors, Dillon, Read & Co. Inc., 1/86-3/89
- Member, Board of Directors, Carteret Savings Bank, F.A., Morristown, NJ, 6/91-12/92
- Member, Board of Directors, First Amer. Corp. and First Amer. Bankshares, Inc., 3/94-10/96
- Member, Advisory Council, Federal National Mortgage Association, Fannie Mae, 2/92-12/93
- Member, Emerging Markets Advisory Committee, SEC, 4/90-10/93
- Member, The Bond Club of New York, Inc., 2/88-3/89

Information Technology

- Member, Advisory Board, HTML.com, 11/02-12/06

Other Internships

- Goldman Sachs, 1977
- Sante Fe National Bank, 1976

Full Spectrum Dominance:
UN General Assembly Voting Reveals the Truth

By Carla Stea
January 05, 2021

The final most important UN General Assembly resolutions were just voted on in December, and, the voting is incredibly significant. The United States (and Israel or Ukraine) opposed almost every constructive resolution just adopted. It is truly shameful, and although I have seen this outcome every year since I have been at the United Nations, it never ceases to amaze (and disgust) me!

In this overview article, I have chosen representative resolutions from the First Committee on Disarmament, the Second Committee on Economics and the Third Committee on Human Rights. Of course, most interesting is the voting record which I made certain to obtain from the President of the General Assembly, and I have made explicit in this article. It is a revealing finale to the year 2020 at the United Nations.

INTRODUCTION

In 1999 I [Helen Caldicott] was invited by Bruce Gagnon, an Air Force pilot and former Republican, to attend a meeting in Florida that addressed the weaponization of space. Having never heard of this concept before and believing that the Cold War was over, I accepted the invitation with alacrity.

This meeting, which featured extremely knowledgeable people, made me realize that I had been living in a fool's paradise. To my horror I found that seventy-five military industrial corporations such as Lockheed Martin, Boeing, Raytheon, TRW Aerojet, Hughes Space, Sparta Corp, and Vista Technologies had produced a Long Range Plan, written with the cooperation of the U.S. Space Command, announcing a declaration of U.S. space leadership and calling for the funding of defensive systems and a 'seamlessly integrated force of theater land, sea, air, and space capabilities through a worldwide global defense information network.'

The U.S. Space Command would also 'hold at risk' a finite number of 'high value' earth targets



with near instantaneous force application—the ability to kill from space. As retired general Robert R. Fogelman, former Chief of Staff of the Air Force and a member of the Joint Chiefs of Staff said, 'I think that space, in and of itself, is going to be very quickly recognized as a fourth dimension of warfare.' I also discovered that the much-vaunted missile defense system was to be closely integrated with the weaponization of space and that all of the hardware and software would be made by the same firms, at the combined cost of hundreds of billions of dollars to the U.S. taxpayers." (Dr. Helen Caldicott and Craig Eisendrath, "War in Heaven, The Arms Race in Outer Space" (The New Press, 2007)

Part I
First Committee: DISARMAMENT

The concept of "Full Spectrum Dominance," elaborated by the United States, as described by Dr. Helen Caldicott, above, includes military control of land, sea, air and outer space. Obviously, this involves dominance not only of planet earth and all its inhabitants, but of the entirety of



outer space. This is a power usurped by the United States, without the agreement, and despite fierce opposition of the majority of other nations, and would explain the fact that when the United Nations General Assembly voted, on November 16, 2020 to adopt Draft Resolution A/C.1/75/L.3, entitled: "Prevention of an Arms Race in Outer Space," a resolution whose co-sponsors included China, Cuba, Syria, the Russian Federation, etc., and supported by almost every member state of the United Nations, including both the DPRK and the ROK, the ONLY nations which voted against this resolution were the United States and its satellite, Israel.

On October 15, 2020 Draft Resolution A/C.1/75/L.62 entitled:

"No First Placement of Weapons in Outer Space" was co-sponsored by Russia, China, Cuba, DPRK, Syria, Vietnam, Zimbabwe, etc.

The resolution was adopted by a "Yes" vote by the majority of the UN member states; voting against this resolution were the minority: US, UK, Lithuania, Estonia, India, Poland, Latvia, Israel, etc.

On October 15, Draft Resolution A/C.1/75/L.63: "Further Practical Measures For the Prevention of an Arms Race in Outer Space" was co-sponsored by Russia, China, Cuba, Venezuela, Syria, and numerous others. At the November 6th meeting, this resolution was adopted by a recorded vote, and those voting "Yes" included DPRK, Venezuela, Vietnam, Iran and the great majority of United Nations member states. Again, the only votes against this resolution were the United States, and its satellite, Israel. (Abstaining were Lithuania, Latvia, Estonia and most NATO countries.)

Part 2
Second Committee: ECONOMICS

"Macroeconomic Policy Questions: International Financial System and Development"

Draft Resolution A/C.2/75/L.4/Rev.1 S
submitted by Guyana on Behalf of the G77 and China:

"Transforming our world: the 2030 Agenda for Sustainable Development," in which it adopted a comprehensive, far-reaching and people-centred set of universal and transformative Sustainable Development Goals and targets, its commitment to working tirelessly for the full implementation of the Agenda by 2030, its recognition that eradicating poverty in all its forms and dimensions, including extreme poverty, is the greatest global challenge and an indispensable requirement for sustainable development, its commitment to achieving sustainable development in its three dimensions – economic, social and environmental – in a balanced and integrated manner….."

"Emphasizing that the international financial system should bolster sustainable, inclusive and



sustained economic growth, sustainable development and job creation, promote financial inclusion and support efforts to eradicate poverty in all its forms and dimensions, including extreme poverty, and hunger, in particular in developing countries, while allowing for the coherent mobilization of all sources of financing for development."

"41. Reiterate that States are strongly urged to refrain from promulgating and applying any unilateral economic, financial or trade measures not in accordance with international law and the Charter of the United Nations that impede the full achievement of economic and social development particularly in developing countries."

In total isolation, only the United States voted against this resolution, which was adopted with the support of virtually all member states of the United Nations.

This Resolution calls for the transformation of the International financial architecture, which is the only method of "eradicating poverty in all its forms and dimensions."

And most inconspicuous, but most threatening to the United States is item "41" which implicitly, and virtually explicitly, accuses the United States, which has recklessly imposed unilateral coercive measures against independent and often vulnerable member states, such as the DPRK, Venezuela, Cuba, China, Russia, Zimbabwe and many others, in shameful and scandalous violation of the human rights of the citizens of all these independent member states of the United Nations. "Full Spectrum Dominance," indeed. Not only military control over land, sea, air and space, but micromanaged economic control and dominance of the most intimate spaces of the lives of the inhabitants of planet earth. These economic coercive measures are causing devastation and fatalities throughout the populations of these targeted countries, and are in flagrant violation of International Law and in violation of the Charter of the United Nations.

PART 3: HUMAN RIGHTS

Precipitating World War 2, Nazi Germany led by Adolph Hitler attempted to impose full spectrum dominance over the entire world at that time, before the nuclear age.

Japan shared Hitler's racism, and the result of the scourge they unleashed throughout the world, the heinous slaughter and genocide they perpetrated should have been the example of horror forever remembered by humanity, forever to be avoided. It is therefore both stupefying and terrifying that for more than a recent decade, and less than a century since World War II, an attempt is being made to rewrite history, and to glorify Nazism, with the complicity of many of the European nations that were the victims of nazi conquest and whose peoples in great numbers suffered nazi atrocities.

Again, this year the Russian Federation, (30 million of whose citizens were murdered during the Nazi invasion of the USSR in World War 2), introduced the famous Resolution: A/75/476 DR1 "Combating glorification of Nazism, neo-Nazism and other practices that contribute to fueling contemporary forms of racism, racial discrimination, xenophobia and related intolerance."
Co-sponsors of this resolution are DPRK, Venezuela, Zimbabwe, China, Cuba, South Africa, Serbia and numerous other United Nations member states. Though ultimately triumphant over the diabolic forces of the Gestapo and their collaborators in Ukraine, Lithuania, Poland, and even the fifth column in the United States, Russia and the co-sponsors of this resolution have never forgotten, and for the sake of humanity, will never forget.

It is shameful that again, as in every past year, and in virtual isolation, the United States voted against this Resolution. It is not surprising that Ukraine alone shared this ignominy. Ukraine is now a U.S. vassal state, whose current government, (originally micromanaged by the United States Assistant Secretary of State for Europe and Eurasian Affairs, Victoria Nuland, famous for her "F*ck the EU" expletive) is composed of a large nazi and pro-nazi contingent.

During World War II, the Ukranian nazi, Stefan Bandera masterminded two assassination plots against United States President Franklin Delano Roosevelt, and it is not surprising that Ukraine's recent pro-nazi President Victor Yushenko awarded Bandera with the highest Ukranian honors. It is also not surprising that Lithuania, Estonia, Latvia and Finland abstained from voting on this resolution: there were 200,000 Jews living in Lithuania before World War II; 195,000 Jews were murdered by Lithuanian nazis during the war. In fact, Germany was not involved in that act of genocide by Lithuania.

This Resolution States:

"5. Expresses deep concern about the glorification, in any form, of the Nazi movement, neo-Nazism and former members of the Waffen SS organization, including by erecting monuments

and memorials, holding public demonstrations in the name of the glorification of the Nazi past, the Nazi movement and neo-Nazism, declaring or attempting to declare such members and those who fought against the anti-Hitler coalition, collaborated with the Nazi movement and committed war crimes and crimes against humanity participants in national liberation movements, as well as by the renaming of streets glorifying them. 13.

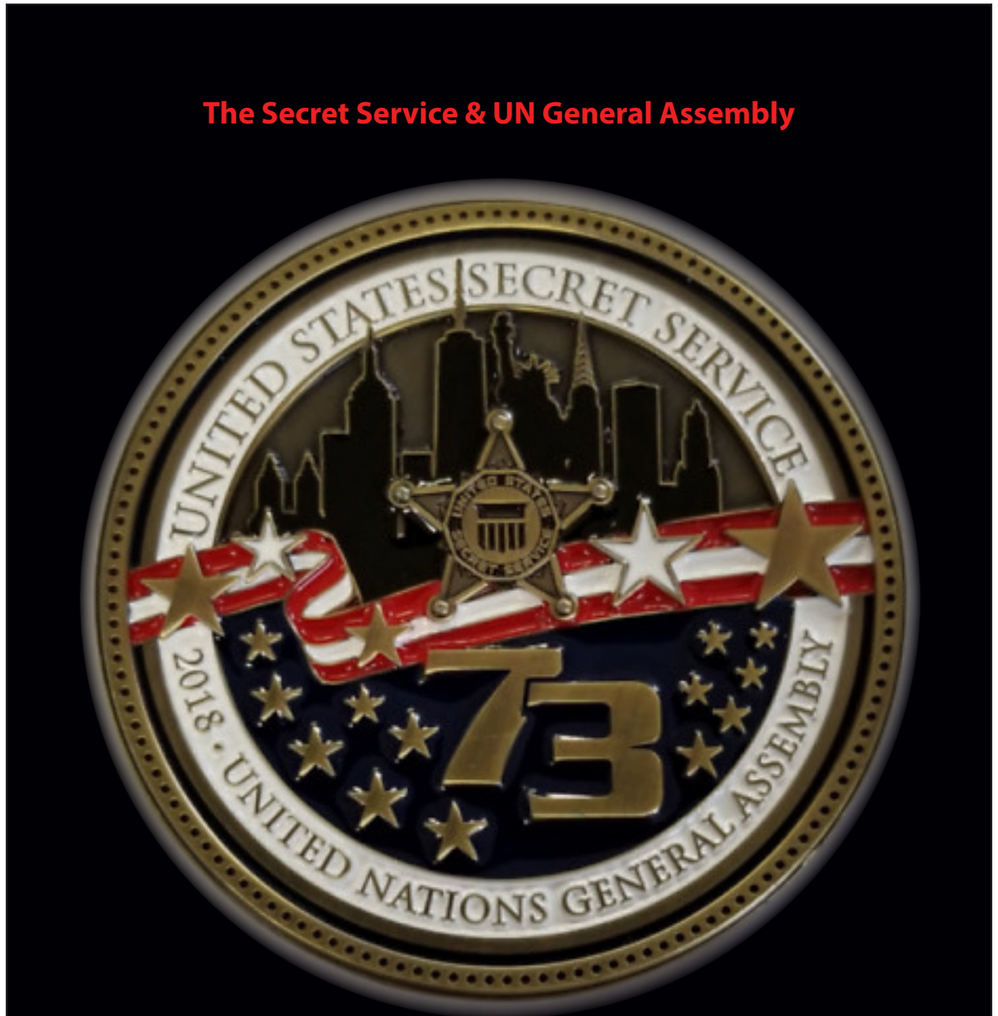
Emphasizes once more the recommendation of the Special Rapporteur that 'any commemorative celebration of the Nazi regime, its allies and related organizations, whether official or unofficial should be prohibited' by States, also emphasizes that such manifestations do injustice to the memory of the countless victims of the Second World War and negatively influences children and young people, and stresses in this regard that it is important that States take measures, in accordance with international human rights law, to counteract any celebration of the Nazi SS organization and all its integral parts, including the Waffen SS, and that failure by States to effectively address such practices is incompatible with the obligations of States Members of the United Nations under its Charter. 14.

Expresses deep concern about increased frequency of attempts and activities intended to desecrate or demolish monuments erected in remembrance of those who fought against Nazism during the Second World War, as well as to unlawfully exhume or remove the remains of such persons, and in this regard urges States to fully comply with their relevant obligations, inter alia, under article 14 of Additional Protocol 1 to the Geneva Conventions of 1940. 22. Condemns without reservation any denial of or attempt to deny the Holocaust, as well as any manifestation of religious intolerance, incitement, harassment or violence against persons or communities, on the basis of ethnic origin or religious belief. 23.

Affirms its deep commitment to the duty of remembrance, and welcomes the call of the Special Rapporteur for the active preservation of those Holocaust sites that served as Nazi death camps, concentration and forced labour camps and prisons, as well as his encouragement to States to take measures, including legislative, law enforcement and educational measures, to put an end to all forms of Holocaust denial."

As the voting on these United Nations General Assembly resolutions reveals, while the Western rhetoric regarding disarmament, economics and human rights is a cosmetic device projecting a beautiful illusion, it conceals a reality ugly and abhorrent image beyond imagining.

The Secret Service & UN General Assembly



Strange Bedfellows

CHAPTER SIX

THE CRIMINALS

Cover Up:
Fauci Approved Chloroquine and Hydroxychloroquine 15 Years Ago to Cure Coronaviruses

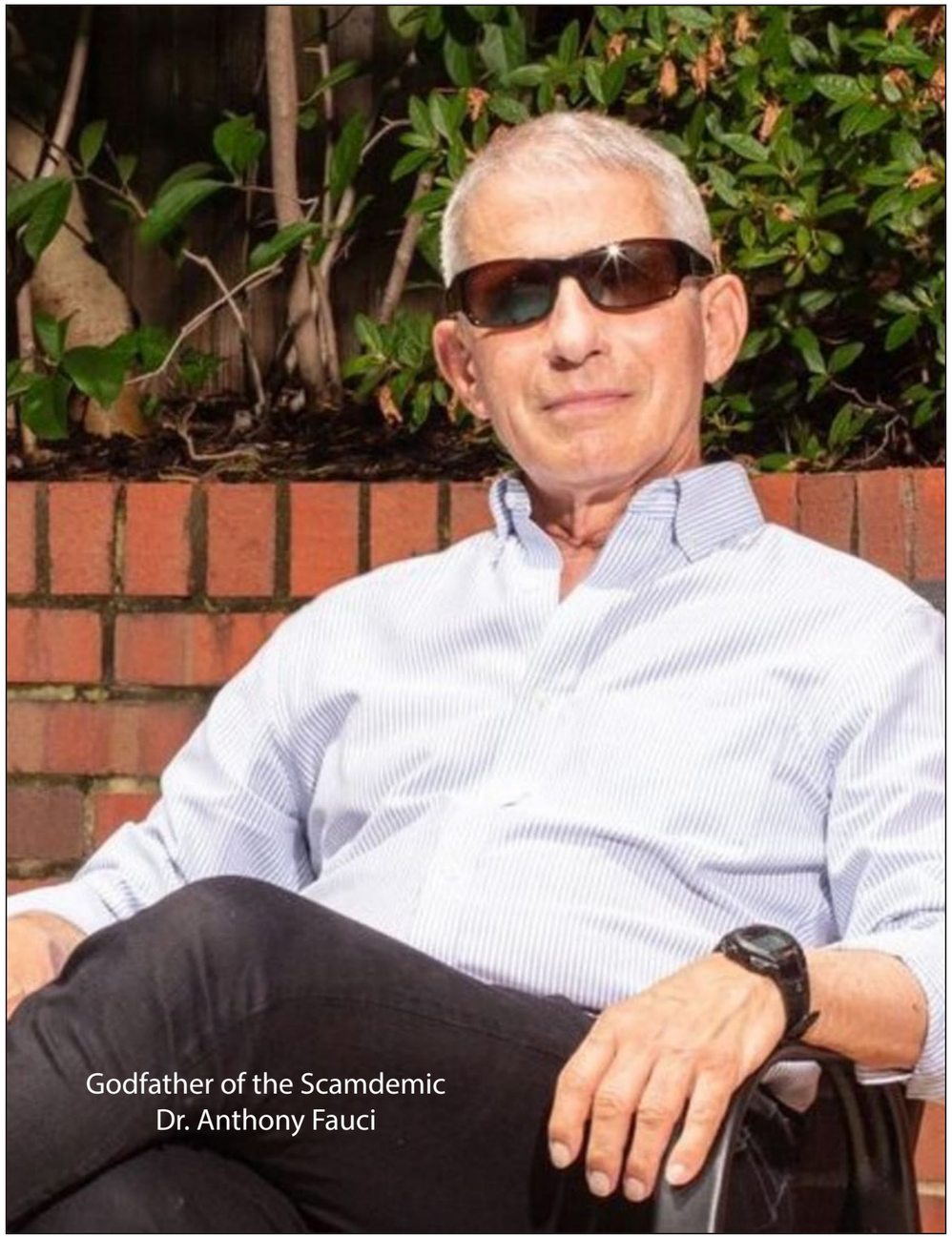
"Nobody Needed to Die"

May 7th, 2020

Dr. Anthony Fauci, whose "expert" advice to President Trump has resulted in the complete shutdown of the greatest economic engine in world history, has known since 2005 that chloroquine is an effective inhibitor of coronaviruses. How did he know this? Because of research done by the National Institutes of Health, of which he is the director. In connection with the SARS outbreak – caused by a coronavirus dubbed SARS- CoV – the NIH researched chloroquine and concluded that it was effective at stopping the SARS coronavirus in its tracks. The COVID-19 bug is likewise a coronavirus, labeled SARS-CoV-2. While not exactly the same virus as SARS-CoV-1, it is genetically related to it, and shares 79% of its genome, as the name SARS-CoV-2 implies. They both use the same host cell receptor, which is what viruses use to gain entry to the cell and infect the victim.

The Virology Journal – the official publication of Dr. Fauci's National Institutes of Health – published what is now a blockbuster article on August 22, 2005, under the heading – get ready for this – "***Chloroquine is a potent inhibitor of SARS coronavirus infection and spread.***" (Emphasis mine) The researchers write, "***We report…that chloroquine has strong antiviral effects on SARS-CoV infection of primate cells. These inhibitory effects are observed when the cells are treated with the drug either before or after exposure to the virus, suggesting both prophylactic and therapeutic advantage.***"

This means, of course, that Dr. Fauci (pictured at right) has known for 15 years that chloroquine and it's even milder derivative hydroxychloroquine (HCQ) will not only treat a current case of coronavirus ("therapeutic") but prevent future cases ("prophylactic"). So HCQ functions as both a cure and a vaccine. In other words, it's a wonder drug for coronavirus. Said Dr. Fauci's NIH in 2005, "***concentrations of 10 μM completely abolished SARS-CoV infection.***" Fauci's researchers add, "***chloroquine can effectively reduce the establishment of infection and spread of SARS-CoV.***"



Godfather of the Scamdemic
Dr. Anthony Fauci

According to Dr. Anthony Fauci the Reopening of the US Economy Would Endanger People's Heath

Dr. Didier Raoult, the Anthony Fauci of France, had such spectacular success using HCQ to treat victims of SARS-CoV-2 that he said way back on February 25th, 2020 that "it's game over" for coronavirus. He and a team of researchers reported that the use of HCQ administered with both azithromycin and zinc cured 79 of 80 patients with only "rare and minor" adverse events.

"In conclusion," these researchers write, "*we confirm the efficacy of hydroxychloroquine associated with azithromycin in the treatment of COVID-19 and its potential effectiveness in the early impairment of contagiousness.*"

The highly-publicized VA study that purported to show HCQ was ineffective showed nothing



of the sort. HCQ wasn't administered until the patients were virtually on their deathbeds when research indicates it should be prescribed as soon as symptoms are apparent. Plus, HCQ was administered without azithromycin and zinc, which form the cocktail that makes it supremely effective. At-risk individuals need to receive the HCQ cocktail at the first sign of symptoms.

But Governor Andrew Cuomo banned the use of HCQ in the entire state of New York on March 6th, 2020, the Democrat governors of Nevada and Michigan soon followed suit, and by March 28th, 2020 the whole country was under incarceration-in-place fatwas.

Nothing happened with regard to the use of HCQ in the U.S. until March 20th, 2020, when President Trump put his foot down and insisted that the FDA consider authorizing HCQ for off-label use to treat SARS-CoV-2. On March 23, 2020, Dr. Vladimir Zelenko reported that he had treated around 500 coronavirus patients with HCQ and had seen an astonishing 100% success rate. That's not the "anecdotal" evidence Dr. Fauci sneers at, but actual results with real patients in clinical settings.

"*Since last Thursday, my team has treated approximately 350 patients in Kiryas Joel and another 150 patients in other areas of New York with the above regimen. Of this group and the information provided to me by affiliated medical teams, we have had ZERO deaths, ZERO hospitalizations, and ZERO intubations. In addition, I have not heard of any negative side effects other than approximately 10% of patients with temporary nausea and diarrhea.*"

Said Dr. Zelenko:

"*If you scale this nationally, the economy will rebound much quicker. The country will open again. And let me tell you a very important point. This treatment costs about $20. That's very important because you can scale that nationally. If every treatment costs $20,000, that's not so good.*"

"*All I'm doing is repurposing old, available drugs which we know their safety profiles, and using them in a unique combination in an outpatient setting.*"

The questions are disturbing to a spectacular degree. If Dr. Fauci has known since 2005 of the effectiveness of HCQ, why hasn't it been administered immediately after people show symptoms, as Dr. Zelenko has done? Maybe then nobody would have died and nobody would have

been incarcerated in place except the sick, which is who a quarantine is for in the first place. To paraphrase Jesus, it's not the symptom-free who need HCQ but the sick. And they need it at the first sign of symptoms. But HCQ, as an older, cheap, generic drug provides for no profit for Big Pharma and that's the only reason the propaganda is thick surrounding these drugs. When there's no profit in an old, cheap drug that works 100% of the time, that drug is relegated to the dust heap of medicine and a new, highly profitable drug replaces it. This is how Big Pharma reaps billions at our expense. While the regressive health care establishment wants the HCQ cocktail to only be administered late in the course of the infection, from a medical standpoint, this is stupid. Said one doctor, "*As a physician, this baffles me. I can't think of a single infectious condition — bacterial, fungal, or viral — where the best medical treatment is to delay the use of an anti-bacterial, anti-fungal, or anti-viral until the infection is far advanced.*"

So why has Dr. Fauci minimized and dismissed HCQ at every turn instead of pushing this thing from jump street? He didn't even launch clinical trials of HCQ until April 9th, 2020, by which time 33,000 people had died. No one needed to die except for Fauci's lies and obfuscation.

The Pace Law Review

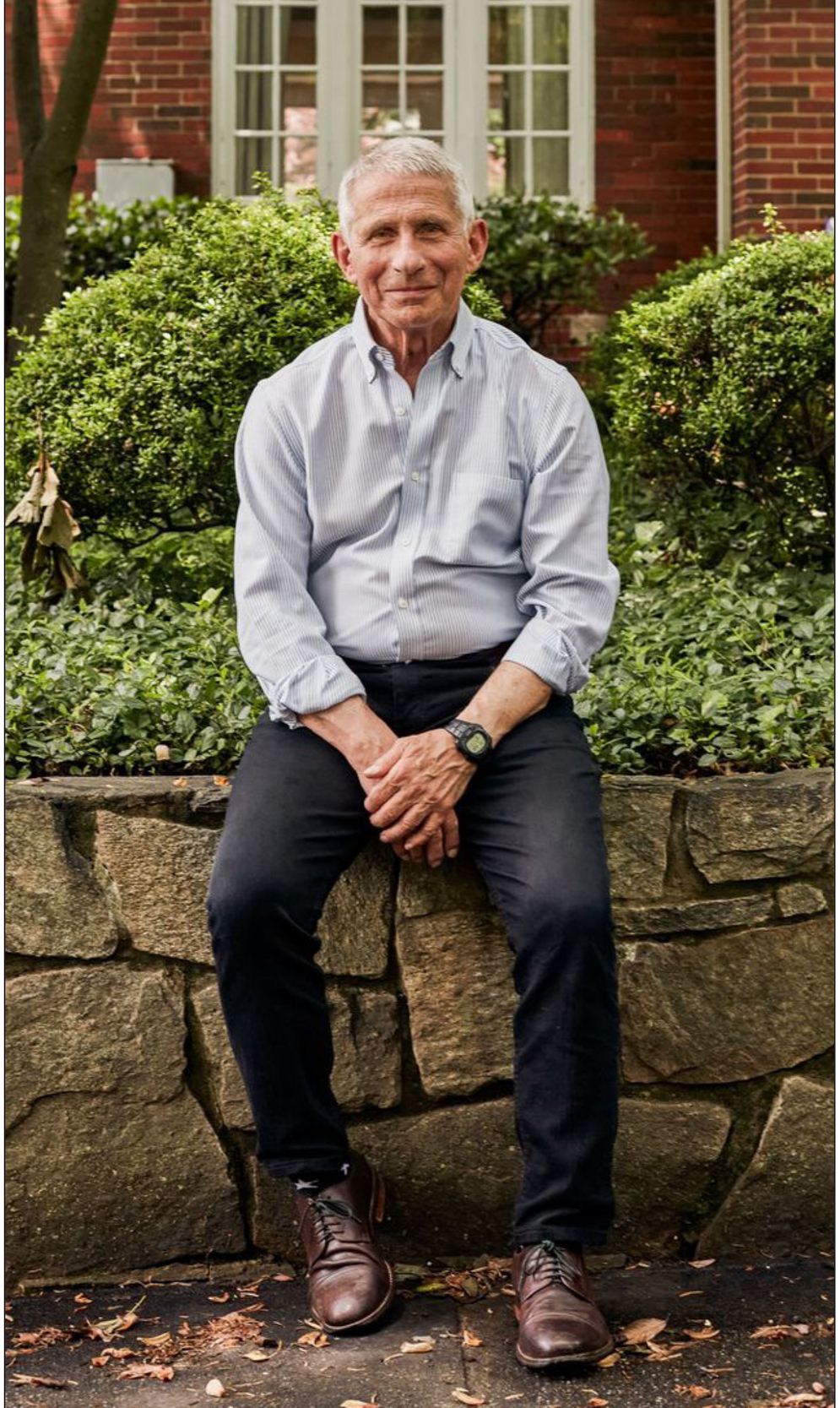
Unanswered Questions: A Review of Compensated Cases of Vaccine-Induced Brain Injury

by Mary Holland, Louis Conte, Robert Krakow and Lisa Colin

Summary
Volume 28, No. 2 • 2011

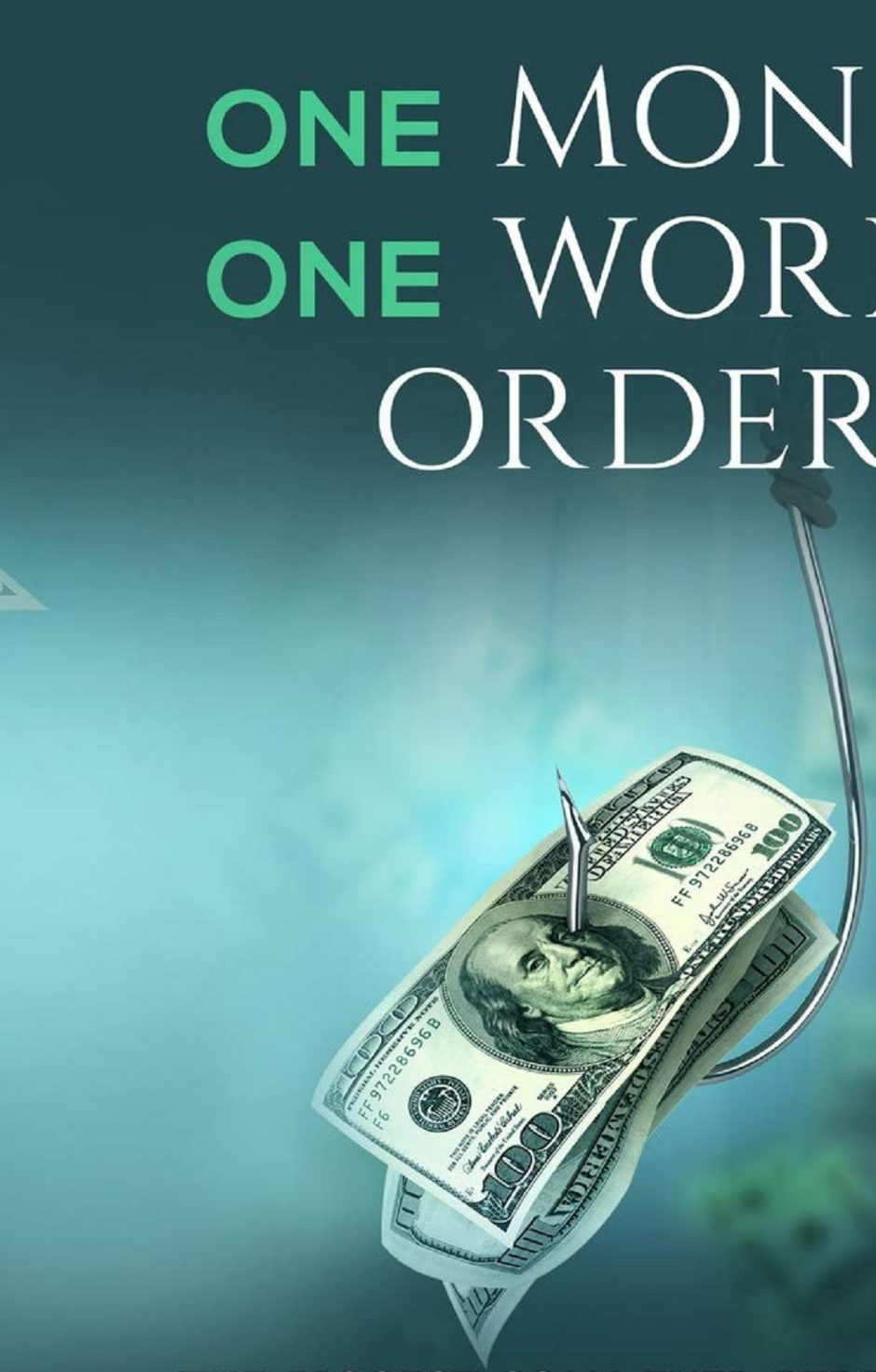
"Using publicly available information, the investigation shows that the Vaccine Injury Compensation Program (VICP) has been compensating cases of vaccine-induced brain damage associated with autism for more than twenty years. This investigation suggests that officials at HHS, the Department of Justice and the Court of Federal Claims may have been aware of this association but failed to publicly disclose it."

Source: http://www.ebcala.org/unanswered-questions




BIG PHARMA
CONGRESS
FOUNDATION
U. of
THINK TANK
K STREET
STATE HOUSE

ONE MONEY
ONE WORLD
ORDER



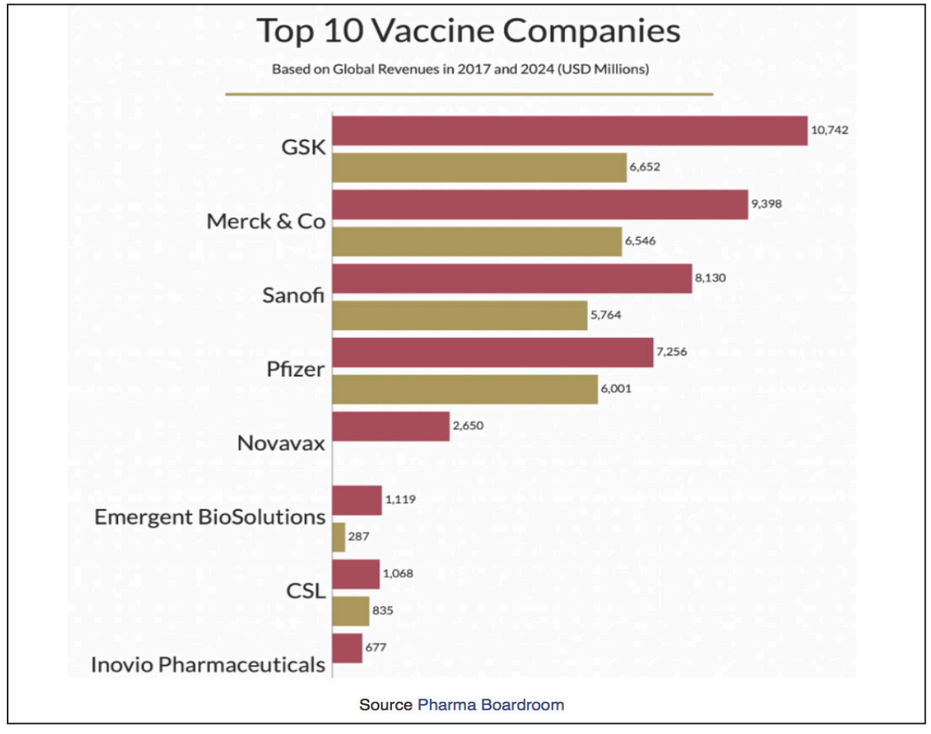
THE BIGGEST SCAM EVER PERPETUATED
ON THE PEOPLE BY OUR GOVERNMENT

who
is
BIG
PHARMA?



THEY ARE CORPORATIONS WHOSE GOALS ARE
WEALTH, INFLUENCE & GREED AT OUR EXPENSE

The pharmaceutical industry is one of the biggest and most profitable in the world. Many of the individual corporations that constitute 'Big Pharma' enjoy annual revenues well in excess of the majority of countries on the planet. Judged by revenue, Johnson & Johnson is wealthier than even rich countries like New Zealand and Hungary. Pfizer's revenues are bigger than oil-rich Kuwait or Malaysia.



Moderna and the six other giant corporations covered in this report made combined revenues of more than $266 billion last year, with profits of more than $46 billion. Consider these figures in comparison with the US's unprecedented program of public spending on vaccine development, which could reach $18 billion, [66] but is currently at around $11 billion, most of which has been handed over to the same rich corporations detailed in this report. [67]

Many commentators look at the work of some of these corporations in 2020 – developing vaccines at breakneck speed – and conclude that, whatever the problems with 'Big Pharma', they have nearly delivered the goods.

But this is to miss many important elements of the story which, when taken together, show that the current pharmaceutical model is actually deeply flawed, delivering outcomes which are of poor value for the money for the public sector, which exacerbate global inequality and which are driven by the objective to make sky-high returns to shareholders, not a healthier population.

We find that this central drive in the industry for very high returns incentivises the most appalling behaviour including aggressive marketing of inappropriate drugs, kickbacks to doctors, claims of testing drugs on children without proper consent, massive price hikes on essential medicines, profiteering, blocking competition, and secrecy.

Some of this behaviour has given rise to serious legal challenges and even some of the largest fines in history. Despite all of this, governments like our own regularly claim, despite all evidence to the contrary, that these incentives are vital for the production of medicines. Before documenting this behaviour and examining the companies themselves, it's worth summarising the fundamental problems of our current pharmaceutical model:

The pharmaceutical sector is driven by the need for very high returns among a handful of mega corporations. In recent years, pharmaceutical corporations have often spent more on share buybacks to keep stock prices high, and dividend payments to wealthy shareholders, than they have on research and development of new drugs.68 In fact, many essential medicines, like new antibiotics, are currently not being developed precisely because Big Pharma believes there is insufficient profit involved.69 It is entirely possible that a vaccine, or at least an effective treatment regime, could have quickly been developed if we'd had a sector that was focused on making people healthy, rather than one structured around the imperative of accruing as much wealth from illness as possible. [70,71]

Where useful research into essential medicines does actually take place, it is usually driven by public funding. This report looks at how this is the case in the coronavirus pandemic, where a mix of basic research funding, support for clinical trials, expansion of manufacturing capability and, not to forget, mass bulk purchase of untested medicines has allowed for the rapid development of the treatments we so desperately need. But this situation is not unusual. Most essential medicines depend upon public funding. [72]

Johnson & Johnson is currently the biggest pharmaceutical corporation in the world, making $82 billion in revenue over the last year, and $15 billion in profit.[78] It was the seventh most profitable corporation in the US last year,[79] and in the top 30 most profitable corporations in the world, earning investors 16%.[80] To put this in context, judged by revenue, Johnson and Johnson is vastly more wealthy than most countries in the world – richer even than rich countries like New Zealand and Hungary.[81]



Sadly, few conditions are placed on this funding, and big pharmaceutical corporations are allowed to sit on patents for a minimum of 20 years, monopolising supply and dictating prices. This artificially limits access to medicines at affordable prices – all to benefit from high profit margins.73 Private companies might well have a role to play in the development and distribution of medicines, but payment should not come in the form of monopoly power.

Coronavirus gives one of the most distrusted industries in the world74 an opportunity to resuscitate its image, if it can convince the public that it has 'delivered the goods' – vaccines and treatments

for coronavirus. Its public relations machine has gone into overdrive, with some corporations even promising not to profit75 from any such drugs 'during the pandemic'.

But look closer and the dangers of leaving the world's healthcare in the hands of these corporations is already obvious: a lack of transparency and collaboration, artificial shortages of desperately needed medicines; a focus on selling most medicines to very rich countries, which is not only unfair but will actually make it much harder to control the virus;76 and the transfer of vast amounts of public money into private hands for profiteering. Indeed, the fact that the outline of these problems is widely understood could be one driver of the worrying growth of 'anti-vax' sentiment in society. [77]

Everyone wants to end this pandemic as quickly as possible. Most of us are excited by the positive vaccine trial results and amazed by the ingenuity of the scientists who have got us to this stage so quickly. And yet, we could do better and help end the pandemic in a fair and equitable way.

Imagine if the drive of the pharmaceutical corporations for ever greater profit was removed from the equation. Imagine if we could replace cutthroat competition and secrecy with collaboration and openness. Imagine if our research was driven solely by the desire to rid the world of disease and suffering, starting with the most serious and deadly conditions. When combined with our technological knowhow, the dedication of our brilliant researchers and the trust which such a model could inspire in the population at large, imagine what we could achieve.

Coronavirus gives us the opportunity to reset the way we produce medicines. If we seize the opportunity, the health of people across the world could look very different. If we achieve that, this awful pandemic could give way to a better, fairer world.

About This Report

This report sets out the track record of the companies touted as leading players in the race to develop a Covid-19 vaccine. Each chapter summarises the history of these firms, bringing to light a series of controversies and malpractices that show we cannot trust them to provide safe and fair solutions to the global pandemic.

Table 1: Advanced sales of Covid-19 vaccine doses

Buyer	Details	Value (if reported)
UK	30 million doses with option of additional 22 million doses[86]	
Canada	38 million doses[87]	
USA	100 million doses with option to buy a further 200 million[88]	"Over $1bn"[89]
EU	200 million doses with option for further 200 million later[90]	
Lower income countries	500 million doses[91]	

AstraZeneca made $25 billion in revenues last year, and $1 billion in profits,[117] putting it in the top 20 British corporations.[118] In May 2020, AstraZeneca (AZ) usurped Shell to become the UK's most valuable company by market capitalisation (the total value of a company's outstanding shares), with a 15% gain in equity so far this year to $115 billion.[119]

Some of these companies have already demonstrated they are conducting business as usual and while some claim to be developing Covid-19 vaccines and treatments without a profit, in many instances these firms are financially benefiting from bumper share price increases.

We also document the deals companies have secured with high income countries which are accelerating the damaging race to hoard vaccines at the expense of a coordinated global response with a serious risk that low and middle incomes countries will be left without.

The report concludes with a series of recommendations directed at the government to ensure that Big Pharma behaviour does not impede equitable global access to vital Covid-19 vaccines and treatment.

Johnson & Johnson

Johnson & Johnson Summary

Johnson & Johnson (J&J) is the world's largest pharmaceutical drug company in the world, making $82 billion in revenue and $15 billion in profit over the last year.

• J&J claims it will have a Covid-19 vaccine ready for early 2021, with the backing of $456 million of US public money.

• In the first year of the Trump administration alone, J&J raised the prices of two of its bestselling drugs – blood thinner Xarelto and Stelara, a treatment for cancer and rheumatoid arthritis – by over 16%.

• J&J has been criticised for refusing to grant access to three HIV drugs – rilpivirine, darunavir and etravirine.

• J&J has a track record of profiteering from the public purse: public investment in TB drug bedaquiline was up to five times the investment committed by J&J. However, J&J alone owns the patent on bedaquiline in many countries and has sole rights to determine the countries in which the drug is sold. Médecins Sans Frontières (MSF) argues the drug could be produced and sold at a profit for $0.25 per day, but the lowest price J&J charges is $2 per day (and in most countries far more than this).

• J&J's handling of vaccines has recently proved controversial in the case of Ebola. In July 2019 Democratic Republic of the Congo health minister Dr Oly Ilunga Kalenga insisted that a clinical trial of J&J's Ebola vaccine would not go ahead in his country after J&J allegedly failed to listen to the concerns of DRC officials regarding its deployment.

• J&J also has a track record of safety concerns, which have led to a number of product recalls and legal challenges over the years. For example, in 2018, a jury in Missouri ordered the company to pay $4.7 billion in damages to 22 women sufferers of ovarian cancer who alleged that their illness was caused by J&J talc-based baby powder.

Covid-19

Johnson & Johnson (J&J) has been working on a vaccine since January 2020, announcing its selection of a leading candidate in March. J&J began its human clinical studies on its lead vaccine in September 202182 and has said that first batches of the vaccine could be available from early 2021. [83] The company claims the vaccine would be available on a not-for-profit basis for emergency pandemic use.84 However, if the virus becomes endemic in our society, J&J would be able to profit and charge whatever price it wishes for doses after the official pandemic is declared over.

Significant amounts of public funding have been committed to Covid-19 vaccine development. The US Department of Health and Human Services, has invested almost half a billion dollars ($456 million) of public money in J&J subsidiary Janssen Pharmaceuticals for research, development and testing of the vaccine as well as $1 billion to support a manufacturing demonstration. [85]

Corporate Share Value[92]

On 30 March 2020, J&J announced that a phase I human clinical study of its vaccine would begin in September.93 Its share price jumped 8% on the day of the announcement. [94] By 23 April, less than one month later, its share price had increased by 16.9%.95 Share price increased 19.6% in the year between 30 August 2019 and 31 August 2020. [96]

Price-Gouging

J&J is notorious for its high prices for essential medicines. According to the US-based Institute for Clinical and Economic Review, between 2016 and 2018, J&J increased the US price of a number of its bestselling drugs as follows: [97]

- Leukaemia drug Imbruvica (ibrutinib) by 19.0%
- Prostate cancer drug Zytiga (abiraterone acetate) by 18.6%
- HIV drug Prezista/Prezcobix (darunavir, darunavir/ cobicistat) by 16.4%
- Psoriasis drug Stelara (ustekinumab) by 15.8%
- Anti-psychotic drug Invega Sustenna/Invega Trinza (paliperidone palmitate) by 14.7%
- Cancer drug Darzalex (daratumumab) by 10.2%
- Autoimmune disease drug Remicade (infliximab) by 4.9%

Indeed, in the first year of the Trump administration alone, J&J raised the prices of two of its bestselling drugs – blood thinner Xarelto and Stelara, a treatment for cancer and rheumatoid arthritis – by over 16%. [98]

J&J revealed its logic around its pricing in its handling of controversy around marketing Levamisole, a drug used to treat colon cancer, in the 1990s. This drug was a reformulated version of a pill sold to treat sheep for worms. Yet as a cancer treatment, a year's medicine cost $1,495 – 100 times the price of the equivalent pill sold for animal-usage.99 Questioned about this pricing decision on live television, J&J vice president at the time Robert Gosson explained: "A sheep farmer probably would not pay $6 a pill." [100]

Blocking Access

J&J has also been criticised for refusing to grant access to three HIV drugs – rilpivirine, darunavir and etravirine – for which the company holds key patents. Although J&J agreed to grant rights to produce and distribute lower-priced versions of rilpivirine

to three generic drug makers within sub-Saharan Africa, MSF argued that this was not good enough as the agreement did not cover all of Africa and did not provide a sufficient cost reduction. [101] Indeed, J&J refused to participate in the Medicines Patents Pool at the time, which seeks to increase access to vital medicines across the global south. [102]

Profiting From The Public Purse

J&J's pricing of its tuberculosis (TB) medication bedaquiline has recently proved controversial. Bedaquiline is just one of three new TB drugs to be developed in over 50 years and was hailed as a game changer in the TB treatment landscape. [103]

It was developed by J&J alongside public and philanthropic partners. Indeed, public investment in bedaquiline was up to five times the investment committed by J&J.104 This includes being awarded a priority review voucher by the US Food and Drug Administration (FDA),105 a significant financial bonus for the company which can be used to accelerate marketing approval for other of its products in the future.

However, J&J alone owns the patent on bedaquiline in many countries and has sole rights to determine the countries in which the drug is sold.106 Civil society organisations such as MSF which contributed to the development of the drug have subsequently criticised J&J for the

AstraZenca has secured numerous deals with governments as well as other suppliers.

Table 2: **Advanced sales of Covid-19 vaccine doses**

Buyer	Details	Value (if reported)
UK	100 million doses including 30 million by September[134]	
USA	"At least 300 million doses"[135]	$1.2bn[136]
EU	400 million doses[137]	
Brazil	100 million doses[138]	
Australia	25 million doses, which Australia claims will be given to all citizens free of charge[139]	
Japan	120 million doses[140]	
Panama	1.09 million doses[141]	
Morocco	17 million doses with option for an extra 3 million doses[142]	
Switzerland	5.3 million doses[143]	
Bangladesh	30 million doses[144]	
Egypt	30 million doses[145]	
Canada	20 million doses[146]	
China	Exclusive clinical development, production and commercialisation rights to manufacture the AZ vaccine in China given to BioKangtai, which will be able to make at least 100 million doses by the end of 2020 and 200 million doses per year by the end of 2021.[147]	
Indonesia	100 million doses[148]	
India	See Serum Institute in table below	
CEPI/Gavi	300 million doses[149]	$750m[150]
Serum Institute of India (Indian drug firm)	1 billion doses earmarked for low and middle income countries, beginning with 400 million doses in 2020[151]	
RPharm (Russian drug firm)	RPharm will produce and distribute the AZ drug to Russia, Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Uzbekistan. Number of doses yet to be determined.[152]	
mAbxience (biotec company of the Spanish Insud Pharma group)	200 million doses to be produced in Argentina and Mexico and supplied to all Latin American countries except Brazil[153]	

GlaxoSmithKline (GSK) is one of the biggest British corporations, with $43 billion in global revenues last year. It is collaborating with Sanofi on a Covid-19 vaccine that has received $30 million in US government funding. According to Sanofi CEO Paul Hudson, the US would likely get access to the vaccine before the rest of the world.

prohibitive costs it has placed on access to the drug. MSF argued that the drug could be produced and sold at a profit for just $0.25 per day and, therefore, should be sold at no more than $1 per day. However, the lowest price J&J charges is double this, with the price much higher in countries ineligible to purchase through the Global Drug Facility – ineligible buyers include many poorer countries of the global south and many that are among those worst affected by TB, including Indonesia, the Philippines and Angola. [107]

Safety Concerns

J&J also has a track record of safety concerns, which have led to a number of product recalls and legal challenges over the years. In 2010 J&J subsidiary McNeil Consumer Healthcare recalled seven over-the-counter children's medicines after concerns around manufacturing specifications came to light in an inspection of a Pennsylvania manufacturing facility. [108]

In 2018, a jury in Missouri ordered the company to pay $4.7 billion in damages to 22 women sufferers of ovarian cancer who alleged that their illness was caused by J&J talc-based baby powder contaminated with carcinogen asbestos. [109] Although the size of the fine was reduced on appeal, the ruling stands, with J&J saying it will take the case to the US supreme court. [110] This was just one of 21,800 lawsuits brought against the company around links between its talcum powder and cancer. [111] Although J&J denies these links and has won some of these cases, in May 2020 it decided to stop selling talc-based baby powder in the US and Canada. [112]

In 2019, J&J agreed to a $120 million settlement following concerns around subsidiary DePuy

Orthopaedics' misrepresentation of the effectiveness, durability and safety of hip replacement products, which were found to have violated consumer protection laws. [113] DePuy announced a worldwide recall of its hip implant systems in 2010, saying that 12% of them failed within five years. [114] J&J was reported by 2019 to have paid out about $1 billion settling thousands of hip replacement lawsuits. [115]

Safety concerns are especially significant in the context of Covid-19 vaccine development where it has been reported that the industry is pressuring authorities for exemptions from product liability. Vaccine Europe – which represents a number of companies including Janssen (which belongs to Johnson & Johnson) – has been advocating a "comprehensive no-fault and non-adversarial compensation system, and an exemption from civil liability". [116]

AstraZeneca

AstraZeneca Summary

• In May 2020, AstraZeneca (AZ) became the UK's most valuable company by market capitalisation, with a 15% gain in equity so far this year to $115 billion.

• AZ is developing the much-touted University of Oxford vaccine on the back of over $1 billion investment from the US government alongside $20 million from the UK government.

• The company has pledged to make no profit on from this publicly funded vaccine during the pandemic, however it has been revealed that the company will define when that will be and at the earliest will be July 2021.

• In 2018, many of AZ's US drug prices were raised by between 5% and 10% – price hikes described as 'modest' by CEO Pascal Soriot.

• In 2014, AZ withdrew all early-stage research and development for tuberculosis, malaria and neglected tropical diseases. It was subsequently criticised for prioritising products with com-

Table 3: Advanced sales of Covid-19 vaccine doses

Buyer	Details	Value (if reported)
UK	60 million doses[179]	
USA	100 million doses with option to buy further 500 million[180]	$2.1bn[181]
EU	300 million doses[182]	
Canada	72 million doses[183]	
COVAX Facility (for global distribution)	200 million doses[184]	

Gilead made $22 billion in revenues last year and $5 billion in profits. Although smaller than some of its competitors' revenues, these profits still leave Gilead richer than most countries on earth judged by revenue. [215]

mercial markets in the global north instead of less profitable treatments for health conditions more typical in countries of the global south.

AZ has a track record of product hopping (making minor changes in a drug as its patent is about to expire and rebranding to block new competitors) particularly with regards to indigestion and stomach ulcer medication.

• In 2010, AZ agreed to a $520 million settlement over allegations that the company defrauded US government-funded care programs such as Medicare and Medicaid in relation to its marketing of antipsychotic drug Seroquel.

• AZ has paid out almost $350 million to resolve thousands of lawsuits alleging links between antipsychotic medication Seroquel and diabetes.

• In 2010, AZ agreed to a $505 million settlement to HMRC after a 15-year dispute relating to "transfer pricing", whereby profits from a subsidiary in a higher tax jurisdiction are registered to another subsidiary in a lower tax jurisdiction.

In spite of numerous demands [123] for transparency to scrutinise these claims, it has failed to release details of its contract and how it calculates research costs. [124]

Covid-19

AZ owns the licence to one of the most promising potential Covid-19 vaccines, AZD1222, developed at the University of Oxford. AZ has received over $1 billion investment from the US Biomedical Advanced Research and Development Authority (BARDA) to support the development and production of the vaccine.120 The UK government has also invested $67.7 million in the Oxford University research and trials. [121] AZ has pledged that it will not profit from the vaccine 'during the pandemic'. [122]

It has subsequently been reported that AZ has the right to declare an end to the pandemic as early as July 2021 with respect to its non-profit promise. [125]

This would leave AZ free to charge monopoly prices on this publicly funded vaccine beyond that point, even if the WHO has not officially declared an end to the pandemic.

The director of Oxford's Jenner Institute told the media "I personally don't believe that in a time of pandemic there should be exclusive licenses." [126] However, on entering a deal with AZ, the situation changed. It has also been reported that intervention from Bill Gates was a factor in preventing the Oxford University vaccine from being available on a non-exclusive, open licence basis. [127]

AZ has dismissed moves towards patent-free collaborative coronavirus research via the World Health Organisation. AZ chief executive Pascal Soriot argued that intellectual property is "a fundamental part of our industry and if you don't protect IP, then essentially, there is no incentive for anybody to innovate. [128]

However, in this instance, the Covid-19 vaccine innovation has been largely researched and developed by Oxford University using public funds. [129]

Corporate Share Value

Taking on the manufacture and distribution of the Oxford University vaccine has not been without financial benefits. After months of decline, AZ's share prices began to rise sharply on Monday 16 March 2020, [130] at a time when the extent of the pandemic was beginning to become clear, as widespread speculation about a UK lockdown mounted. By 20 June, just over three months later, its share price had increased by 49.8%. [131] During this period, on 30 April, AZ announced its vaccine collaboration with Oxford University. [132] By 13 May, less than two weeks later, its share price had increased by 8.2%. [133]

Price Gouging

In 2018 the prices of many of AZ's drugs were raised by between 5% and 10% in the US – price hikes described as "modest" by CEO Pascal Soriot. [154]

In another instance, when AZ learned that a generic version of its Crestor treatment for high cholesterol was coming to market, AZ rapidly hiked prices for Crestor several times, including a 15% increase just before the generic drug was released. [155]

Withdrawn R&D

In 2014, AZ withdrew all early-stage research and development for tuberculosis, malaria and neglected tropical diseases. [156] Commenting on the decision, head of innovative medicines and early development at AZ Mene Pangalos said: "We have limited R&D budgets ... You can spread yourself so thin you end up not doing anything well." AZ's decision to withdraw from this R&D seems to have been driven by a desire to streamline its business operations around its core priorities of cancer and cardiovascular, respiratory and autoimmune diseases. It was subsequently criticised for prioritising products with commercial markets in the global north instead of less profitable treatments for health conditions more typical in countries of the global south. Neil Schluger, Chief Scientific Officer of the World Lung Foundation said: "Drug companies want to make drugs for chronic diseases that people in western countries are going to take for the rest of their lives." [157]

MSF commented that "AstraZeneca would never withdraw its R&D into these diseases if they

AstraZeneca's COVID-19 vaccine uses a weakened chimpanzee common cold virus to deliver a SARS-CoV-2 protein into a human recipient and prepare the immune system to fight COVID-19.

Source: National Institute of Allergy and Infectious Diseases

AstraZeneca developed the first selective serotonin reuptake inhibitor (SSRI) called Zelmid (zimelidine), and began selling it 1982. But the drug produced a rare side effect that could damage the nervous system, and it was withdrawn from the market in 1984.

Astra Zeneca's Billion Dollar Drugs in 2019

DRUG	THERAPEUTIC AREA	ANNUAL REVENUE 2019
Tagrisso	Oncology	$3.2 billion
Symbicort	Respiratory	$2.5 billion
Brilinta	Diabetes	$1.6 billion
Farxiga	Diabetes	$1.5 billion
Nexium	Acid Reflux/GERD	$1.48 billion
Imfinzi	Oncology	$1.46 billion
Pulmicort	Respiratory	$1.46 billion
Crestor	Cholesterol	$1.2 billion
Lynparza	Oncology	$1.2 billion

affected rich countries or if there was more of an incentive to produce them – instead, they're going where they see the biggest profits, and it's not in these drugs." [158]

Blocking Cheaper Competitors

Product hopping is a common strategy deployed by pharmaceutical firms when a patent for one of its drugs is about to expire. To block new competitors, companies "product hop" by making a minor change to the patented drug and introducing this new revised drug to the market as a rebranded product with a new patent. Companies will then devote considerable resources to persuading pharmacists, doctors and patients to move to the new version of the drug before any cheaper generic drug enters the market.

AZ executed a product hop in 2001 with its heartburn drug Prilosec. With the patent for this drug due to expire, AZ made a slight molecular modification and rebranded the drug as Nexium with a new patent. It then persuaded doctors to begin prescribing the new brand, despite protestations from some doctors and experts that Nexium is no different from its predecessor. [159] The European Court of Justice upheld a decision made by the European Commission that found AZ guilty of abusing its market position to delay the introduction of generic versions of its stomach ulcer treatment Losec. When AZ introduced a second-generation version of Losec to the market, the company deregistered its market authorisation for Losec in several EU member states. AZ's move prevented generic drug manufacturers from relying upon the clinical trials conducted for the treatment, undermining the introduction of cheaper generic products, and AZ was ordered to pay $53 million. [160]

Fraud

In 2010, AZ agreed to a $520 million settlement over allegations that the company defrauded US government-funded care programs such as Medicare and Medicaid in relation to its marketing of antipsychotic drug Seroquel. AZ was found to have illegally marketed the drug for uses not approved as safe and effective by the Food and Drug Administration (FDA). [161] In 2009 alone, AZ made nearly $5 billion from sales of the drug. [162]

Safety Concerns

In a 2004 University of Minnesota trial of AZ's antipsychotic medication Seroquel – a trial designed and funded by AZ, with delivery outsourced to a research organisation – a participant in the trial named Dan Markingson committed suicide. According to Minnesota bioethics Professor Carl Elliott, Markingson was enrolled in the trial against the wishes of his mother, made to choose between participating in the trial or else being involuntarily sectioned. [163] Indeed, Markingson's mother made several attempts to remove her son from the trial – but to no avail. [164]


Protocol COV001
Kit #: 52077
Lot #: A03382
Expiry date 12/202
Subject ID
Investigator

Several questions have since been raised about the AZ trial: the trial prohibited subjects from being taken off the drug and restricted the usage of further medication to limit side-effects such as depression and anxiety. While most antipsychotic trials ban subjects at risk of violence to others or at rick of suicide attempts from participating, the AZ study only barred those deemed at risk of suicide. Had the conventional protocol been followed, Markingson would not have been able to join the trial. [165] Of particular concern was the fact that under AZ's agreement with the university, the company paid $15,000 for every successful trial patient enrolled – providing a financial incentive to push ahead with trials. [166] Indeed, various academics have criticised the study in which Markingson died for its failure to compare Seroquel to older antipsychotic drugs. Commenting on the study, Cardiff University senior psychiatrist Dr David Healy said: "This is a non-study of the worst kind ... It is designed not to pick up a difference between the three drugs. It looks like an entirely marketing-driven exercise." [167]

AZ's Seroquel has proved controversial on other grounds as well. AZ reportedly paid out almost $350 million to resolve thousands of lawsuits alleging links between Seroquel and diabetes. [168] Safety concerns are especially significant in the context of Covid-19 vaccine development. A senior executive at AstraZeneca told Reuters that the company has been granted protection from future product liability claims related to its Covid-19 vaccine by most of the countries with which it has struck supply agreements. [169]

Tax Avoidance

In 2010, AZ agreed to a $505 million settlement to HMRC after a 15-year dispute relating to "transfer pricing", whereby profits from a subsidiary in a higher tax jurisdiction are registered to another subsidiary in a lower tax jurisdiction. [170]



Seroquel Settlements and Fines

AstraZeneca received criticism for its involvement in scandals for its blockbuster antipsychotics, Seroquel and Seroquel XR. From claims that the drug caused diabetes to improper drug marketing, AstraZeneca faced several lawsuits and paid more than a billion in fines.

Settlements and fines included:

In 2010, AstraZeneca paid a **$520 million** fine brought by the U.S. Department of Justice for promoting Seroquel for unapproved uses.

In 2011, the company paid **$647 million** to settle 28,461 lawsuits that claimed the drugmaker failed to warn the public that Seroquel could cause diabetes.

Nexium and Prilosec

Nexium and Prilosec are proton pump inhibitors used to treat acid reflux, GERD and other gastrointestinal problems.

Proton pump inhibitor lawsuits claim AstraZeneca and other drugmakers failed to warn that these drugs can cause kidney disease, kidney injury, kidney failure and acute interstitial nephritis, or AIN.

Crestor

Crestor 10mg Pills
Crestor 10mg Pills

The cholesterol drug Crestor (rosuvastatin) is used to prevent or treat heart disease, heart attacks and strokes.

People who say they were harmed by Crestor took AstraZeneca to court, claiming in lawsuits the drug contained dangerous defects. A consumer advocacy group also called for the recall of Crestor from the U.S. market but no recall was ordered.

Onglyza & Kombiglyze XR

Onglyza 5mg Pills
Onglyza 5mg Pills

The FDA approved Onglyza (saxagliptin) in 2009 to treat Type 2 diabetes. AstraZeneca and partner Bristol-Myers Squibb made hundreds of millions of dollars annually from Onglyza, but a study reported Onglyza increased the risk of hospitalizations due to heart failure.

The FDA warned of the increased risk in April 2015. Following the warning, people filed several lawsuits claiming that Onglyza caused their heart failure.

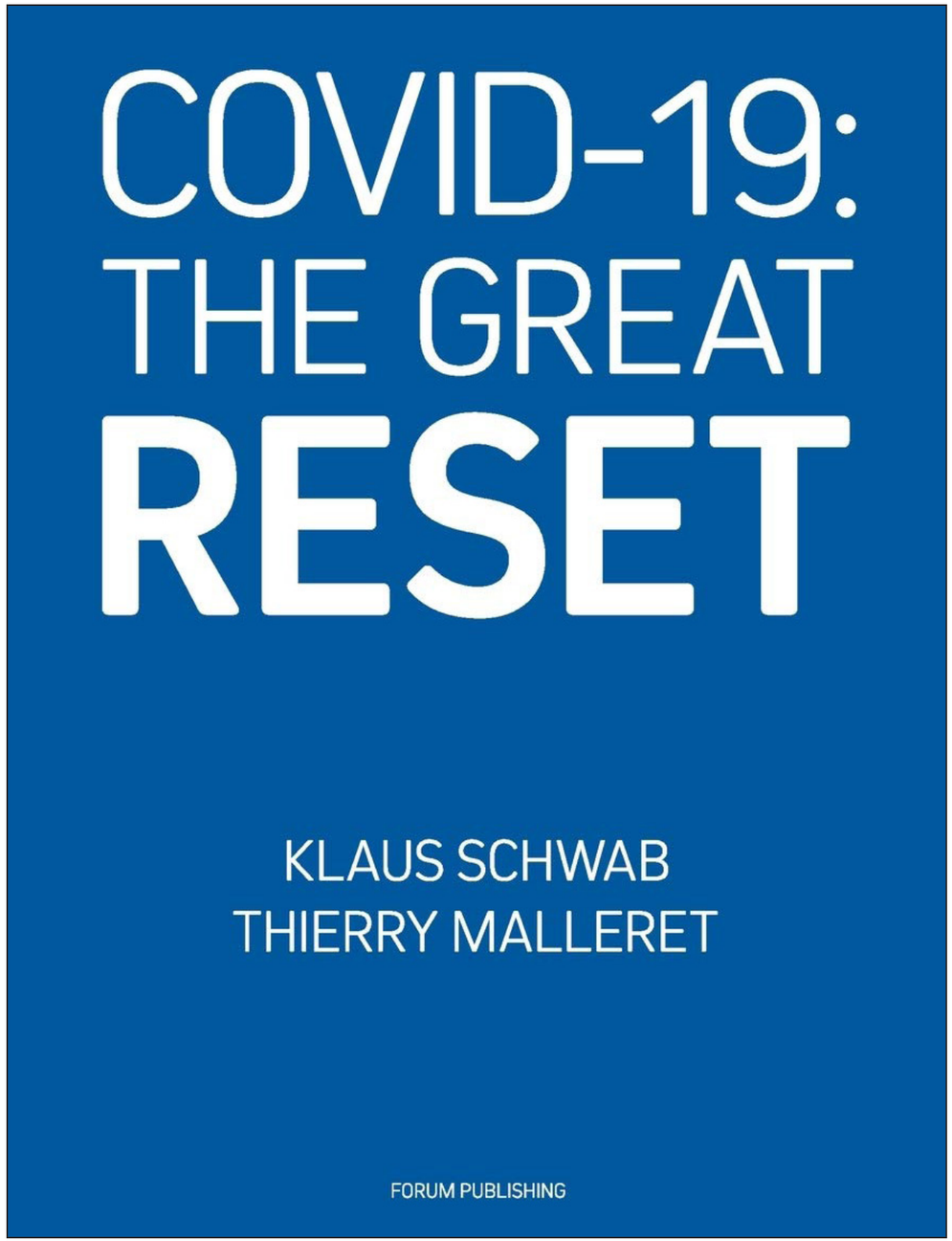
Farxiga

Farxiga 10mg Pills
Farxiga 10mg Pills

The FDA rejected Bristol-Myers and AstraZeneca's once-daily Farxiga (dapagliflozin) before approving it in 2014. The FDA had originally denied it because data in studies showed a possible risk of bladder cancer.

After the FDA released several warnings linking the drug to serious side effects, lawsuits claimed the drug can cause ketoacidosis, kidney problems, amputations, UTIs and other side effects.





GlaxoSmithKline

GlaxoSmithKline Summary

• GSK was sharply criticised by MSF for five years between 2009 and 2014 for the unaffordable pricing of its pneumonia vaccine. High costs meant that in 2016, one third of the world's countries had been unable to introduce the vaccine. Gavi, the Vaccine Alliance, has paid GSK and Pfizer around $9 per child for the vaccine (on top of the subsidy), a price that is unaffordable for many countries in the global south and has subsequently led to vaccine shortages at several points across the course of the initiative.

GSK is one of the biggest British corporations [171] with $43 billion in global revenues and $6 billion profits last year. It's in the top 10 British corporations by market capitalisation. [172] This is despite the fact GSK was handed one of biggest corporate fines in history less than a decade ago. [173]

• GSK has routinely exploited legal loopholes to block the market entrance of cheaper, generic versions of its drugs. For example, in 2016, the UK Competition and Markets Authority fined GSK $37.6 million after finding that GSK paid companies to delay the entrance of generic versions of its Paxil drug. When generics did finally enter the market, prices fell by 70%.

• In 2012, GSK agreed to the highest value health fraud settlement in US history, pleading guilty to: false advertisement pertaining to medication safety and efficacy; misbranding drugs; bribing doctors to promote and prescribe their medications; omitting safety data in Food and Drug Administration (FDA) reports; and inflating price reports to underpay government healthcare programs.

• In 2007, it came to light that GSK had given HK$3.8 billion in kickbacks to doctors, hospitals and others who prescribed the drugs. GSK were found guilty of bribery for the case in 2014 and fined $490 million.

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Covid-19

GlaxoSmithKline (GSK) has announced a collaboration with Sanofi to develop an adjuvanted vaccine for Covid-19. Phase I clinical trials are planned for the second half of 2020, aiming for the vaccine to be available by the second half of 2021. [174] The collaborative project has received $30 million funding from the US Biomedical Advanced Research and Development Authority (BARDA). Therefore, according to Sanofi CEO Paul Hudson, the US would likely get access to the vaccine before the rest of the world. [175]

Further to the Sanofi collaboration, GSK is also working with a number of other companies and research groups across the world to explore potential vaccines. [176] The company states, "[We] do not expect to profit from our portfolio of collaborations for Covid-19 adjuvanted vaccines. Any short-term profit that may be generated will be invested in support of coronavirus related

Pfizer was in the top 30 most profitable corporations in the world last year, with $52 billion in revenue and a whopping $16 billion in profits.[254] Those revenues are bigger than oil-rich Kuwait or Malaysia.[255] It's the ninth most profitable corporation in the US.[256] The corporation's annual profit last year exceeded the spending to date on the unprecedented US 'operation warp speed' to find a vaccine for Covid-19.[257] This is despite the company being handed a huge $2.3 billion fine just over ten years ago.[258]

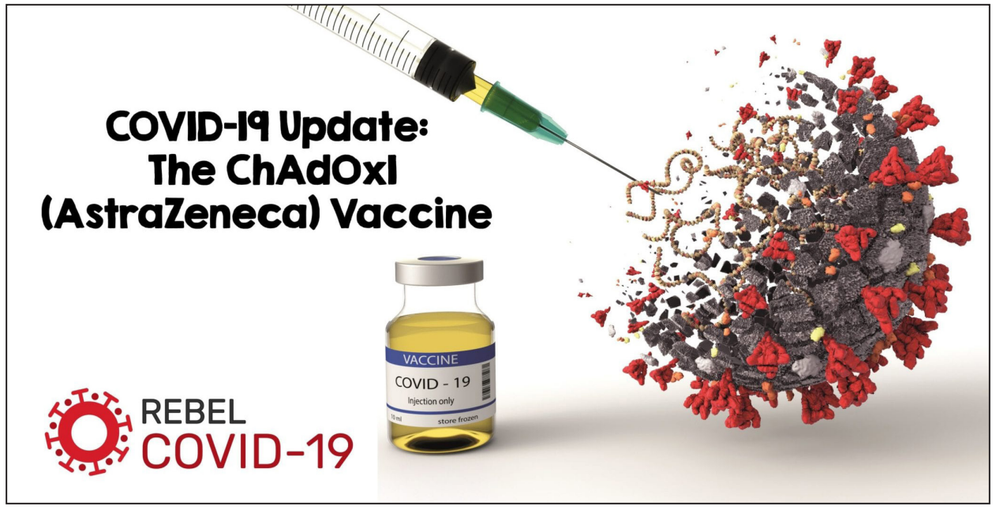


Table 5: Advanced sales of Covid-19 vaccine doses

Buyer	Details	Value (if reported)
USA	100 million vaccine doses, with option to buy a further 400 million.[358] Moderna shares jumped 5% on the day deal announced.[359] Price will be around $30.50 per person for a two-dose regimen[360]	$1.53bn[361]
EU	80 million doses with option of further 80 million[362]	
Canada	20 million doses, with option of further 36 million doses[363]	
Japan	50 million doses[364]	
Switzerland	4.5 million doses[365]	
Kuwait	1.7 million doses[366]	

Table 4: Advanced sales of Pfizer / BioNTech's Covid-19 vaccine doses

Buyer	Details	Value (if reported)
UK	40 million doses[273]	
USA	100 million vaccine doses with option to buy further 500 million doses[274] Pfizer says Americans will receive vaccine free of charge[275]	$1.95bn for the first 100 million doses[276]
EU	300 million doses[277] (though apparently up to another 405 million direct from CureVac for an estimated $4.7bn)[278]	$5.5bn[279]
Canada	20 million doses[280]	
Japan	120 million doses[281]	
Australia	10 million doses[282]	
Switzerland	3 million doses[283]	
Israel	8 million doses[284]	
Ecuador	2 million doses[285]	
Chile	10 million doses[286]	
Egypt	20 million doses[287]	
Peru	9.9 million doses[288]	
Argentina	750,000 doses[289]	
New Zealand	1.5 million doses[290]	
Hong Kong / Macau	Deal with BioNTech (Pfizer's partner) 10 million doses[291]	
Costa Rica	3 million doses[292]	

research and long-term pandemic preparedness." [177] These claims around not profiting in the short-term need to be substantiated by making the company's research and development costs transparent which it has not done to date.

GSK also claims that it will make its adjuvant "available to the world's poorest countries, through donations and by working with global institutions that prioritise access." [178] In spite of these claims, the company has not made any commitments

to remove intellectual property barriers and to engage in open technology sharing – without which, supply will be restricted and therefore insufficient to meet global demand.

Price Gouging

In 2019, GSK increased its US prices for more than 30 of its drugs by between 1% and 5%, including blockbuster treatments for cancer and HIV. [185] This recent price hike comes as no surprise, given GSK's track record.

Take, for instance, the case of GSK's breakthrough Benlysta medication for lupus. Lupus is an autoimmune disease that disproportionately affects women of African, Asian and Latina heritage. Yet when Benlysta was released in the US, it was priced at approximately $3,000 per month, rendering it unaffordable to many of those who need it. [186]

Or consider GSK's blockbuster asthma inhaler, Advair. Since its release in 2001, sales of Advair have exceeded $100 billion, [187] yet in 2017 GSK hiked Advair's US price by 17.7%, [188] meaning costs are often over $300 per month. [189]

Previous Vaccine Controversy

GSK (alongside Pfizer) was sharply criticised by MSF for seven years between 2009 and 2016 for their unaffordable pricing of its pneumococcal conjugate vaccine (PCV) to humanitarian organisations. [190] Pneumonia is the foremost cause of child mortality globally, killing around one million children each year, with children affected by conflict or humanitarian emergencies particularly at risk. [191] Yet this is a disease that is preventable by the PCV vaccine, for which only Pfizer and GSK own the rights. Between 2009 and 2014, MSF lobbied these firms to offer a fair and sustainable price for PCV. High costs meant that, in 2016, one third of the world's countries had been unable to introduce the vaccine. [192] Finally, in 2016, GSK agreed to lower prices for the vaccine for children caught up in humanitarian emergencies. [193]

In 2009, Gavi, the Gates foundation, the World Bank and several governments from around the world including the UK established a funding mechanism called the Advanced Market Commitment (AMC) to help stimulate more production of this lifesaving vaccine and accelerate its global rollout. AMC donors pledged $1.5 billion to subsidise vaccine providers to accelerate the

global rollout of the pneumonia vaccine. Given that for a number of years only GSK and Pfizer produced the vaccine, the lion's share of this subsidy ($1.2bn of the total $1.5bn) has been enjoyed by GSK and Pfizer, who in addition to this have earned a combined sum of over $2.6 billion in revenues from selling the vaccine to Gavi. [194]

Gavi paid GSK and Pfizer around $9 per child [195] for the vaccine (on top of the subsidy) in the poorest countries, a price that is unaffordable for many countries in the global south and has subsequently led to vaccine shortages at several points across the course of the initiative, particularly during 2012 and 2013. [196] Indeed, when donors decided to reserve some of the subsidy for a potential third vaccine manufacturer, GSK and Pfizer responded by diminishing their efforts to scale up vaccine production. [197] Drawing on this experience, MSF argues that similar global mechanisms devised around a Covid-19 vaccine must force pharmaceutical firms to provide vaccines at cost price. [198]

Blocking Cheaper Competitors

GSK has routinely exploited legal loopholes to block the market entrance of cheaper, generic versions of their drugs. For example, in 2002 a US Federal Trade Commission study showed that GSK delayed the entry of a generic version of its antidepressant medication Paxil by 65 months through filing a series of patent infringement lawsuits that forced the FDA to pause approval on generic entries. [199] GSK was subsequently sued in 49 states and Washington DC, ending in GSK settling for $14 million. [200]

It was alleged that GSK submitted several sham petitions before its patents for anti-allergen medication Flonase was due to expire, and through doing so were able to delay the release of a generic competitor for 23 months, earning the company an estimated $2.5 billion. [204]

In 2019, a leaked memo showed that GSK was paying rebates to a pharmacy manager in return for their promotion of GSK's asthma inhaler Advair (see above for price gouging on this drug) instead of a new generic drug that was 70% cheaper. [205]

Safety Concerns

In 2012, GSK agreed to plead guilty and to pay $3 billion to resolve its criminal and civil liability arising from the company's unlawful promotion of certain prescription drugs, its failure to report certain safety data, and its civil liability for alleged false price reporting practices. [206] The corporation admitted to giving kickbacks to doctors in the US and encouraging the prescription of unsuitable antidepressants to children. [207] Doctors and their spouses were flown to five-star resorts, given $750, and access to snorkelling, golf and deep-sea fishing. [208] The corporation also published an article in a medical journal which misled about the safety of a drug in children, and then used the piece to try to drum up business. [209] The resolution is the largest health care fraud settlement in US history and the largest payment ever by a drug company. [210]

Previously, in 2010, the US Department of Justice fined GSK subsidiary, SB Pharmco Puerto Rico $150 million for producing improperly made and adulterated drugs – including antiemetic Kytril; Bactroban, used to treat skin infections; Paxil, the anti-depressant; and Avandamet, a diabetes drug. [211]

Corruption

In 2013, GSK allegedly gave at least three billion yuan (HK$3.8 billion dollars) [212] in bribes to doctors, hospitals and others to boost sales in China. [213] GSK was fined $500 million for bribery in 2014. [214]

In 2016, the UK Competition and Markets Authority fined GSK $37.6 million after finding that the firm paid companies to delay the entrance of generic versions of its Paxil drug. [201] When generics did finally enter the market, prices fell by 70% over the following two years. [202]

In 2013, GSK settled claims for a total of $185 million [203] in two legal actions where it was alleged that GSK had abused the US FDA citizen petition program that allows citizens to submit concerns about products being assessed for approval by the agency.

It was alleged that GSK submitted several sham petitions before its patents for anti-allergen medication Flonase was due to expire, and through doing so were able to delay the release of a generic competitor for 23 months, earning the company an estimated $2.5 billion. [204]

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GILEAD

Gilead Summary

• US pharmaceutical giant Gilead is the developer behind Remdesivir, a potential Covid-19 treatment. A recent June 2020 phase III trial boosted hopes for the treatment. Responding to this news, one influential analyst has estimated that sales of the drug could total $7.7 billion for Gilead by 2022.

• The development of Remdesivir has benefited from significant US government support and investment, with the specific figure debated ($70.5 million according to Public Citizen).

• Gilead has come under fire for its pricing of Hep C drug Sovaldi and HIV drug Truvada. While Truvada costs less than $67 per person per year to manufacture, in 2019 it was being sold at $20,000 per person per year in the US, a $19,933.00 profit per person.

• In 2019 the Trump administration announced that it would be suing Gilead for infringing upon patents for HIV drug Truvada, given that hundreds of millions of dollars in taxpayer money went into research that led to the patents.

• Gilead has also become notorious for its tax practices, accused of dodging tens of billions of dollars in tax via Irish tax loopholes.

• In 2018, Gilead announced an "access initiative", pledging lower prices for liposomal amphotericin B (L-AmB, a treatment for cryptococcal meningitis, the second biggest killer of people living with HIV) in 116 countries in the global south. Yet by June 2019, the drug had been registered in only six of the 116 countries and, where registered, was unaffordable.

Covid-19

US pharmaceutical giant Gilead is the developer behind Remdesivir (brand name Veklury), a potential Covid-19 treatment. [216]

Conventionally used as a broad-spectrum antiviral medication, Remdesivir has been authorized for emergency use as a Covid-19 treatment in the US [217] and approved for use in Japan for people with severe Covid-19 symptoms. [218] It also received approval in the UK in May 2020 but will be rationed due to limited supply. [219]

A recent, June 2020 phase III trial boosted hopes for the treatment: trial participants that took a five day course of Remdesivir were 65% more likely to show clinical improvement at day 11 than those who did not. [220] Responding to this news, one influential analyst has estimated that sales of the drug could total $7.7 billion for Gilead by 2022. [221]

The development of Remdesivir has benefited from significant US government support and investment. The amount committed by the US public purse to the development of the drug is unclear. Berkeley Professor Robert Reich recently claimed that Remdesivir was developed with a $37.5 million dollar grant from the US government. [222] US advocacy organisation Public Citizen estimates that total government support for the development of the drug comes to at least $70.5 million dollars. [223] Two eminent US lawmakers recently wrote to the US Department of Health and Human Services asking for information on how the agency might have funded the development of the drug. [224] A 2015 research paper on the potential of remdesivir to tackle coronaviruses was co-authored by Gilead employees and government scientists. [225]

In March 2020, the US Food and Drug Administration (FDA) granted Gilead seven years of exclusive marketing rights for remdesivir using the Orphan Drug Act. Yet because this Act was intended for treatments pertaining to rare diseases that affect fewer than 200,000 people, this FDA decision attracted substantive criticism, [226] which ultimately led to Gilead requesting that the FDA rescind their decision. [227]

Coinciding with the spike in interest in remdesivir, Gilead's expenditure on lobbying the US Congress reached a record high of $2.45 million dollars in the first quarter of 2020, a 32% increase on lobbying expenditure for the first quarter of 2019. [228] Perhaps even more alarming, Gilead's treatment has not been judged very effective, [229] and the WHO recommends against using it. [230] Besides Remdesivir, Gilead's Hepatitis C treatment Sofosbuvir (branded as Sovaldi) is also touted as a potential Covid-19 treatment. A Chinese research foundation – the Jack Ma Foundation – has given $2.1 million to Columbia University researchers to investigate a series of potential Covid-19 treatments including Sovaldi. [231]

Corporate Share Value

Gilead's share price increased 38.9% in just under four months between 21 January and 23 April, 2020. [232] On 26 February, Gilead announced two phase III clinical studies to investigate the potential of Remdesivir as a Covid-19 treatment. [233] By 6 March, just nine days after the Remdesivir announcement, Gilead share prices had increased by 7.4%. [234]

Sanofi is the sixth biggest corporation in France368 making $42 billion in revenue and $3 billion in profit last year.[369]

Table 6: Advanced sales of Covid-19 vaccine doses

Buyer	Details	Value (if reported)
UK	60 million doses[378]	
USA	100 million doses with option to buy further 500 million[379]	$2.1bn[380]
EU	300 million doses[381]	
Canada	72 million doses[382]	
COVAX Facility (for global distribution)	200 million doses[383]	

By 23 April, 2020, just under two months following the remdesivir announcement, share prices had increased by 12.4%. [235]

Price Gouging

In 2013, Gilead faced extensive criticism for the pricing of its new hepatitis C drug (and now possible Covid-19 treatment) Sovaldi. Sovaldi was introduced to the US market at $84,000 for a 12- week course of the treatment ($1,000 per pill).

A public backlash against this exorbitant price resulted in an 18-month US Senate committee investigation into the pricing of the drug, involving over 20,000 pages of company documents. The leaders of the investigation concluded: "*The documents show it was always Gilead's plan to max out revenue, and that accessibility and affordability were pretty much an afterthought*." [236]

The investigation showed that Gilead's price was set so high, in part, to raise prices for future hepatitis C drugs. [237] Indeed, Gilead's next hepatitis C drug, Harvoni, was priced at $94,500. Further, the investigation revealed that the high costs of Sovaldi saw Medicaid programs in many US states limiting the availability of the drug to thousands of patients deemed good candidates for it because they could not afford to offer it to all who needed it. [238]

To give some estimate of just how much money Gilead was making from Sovaldi and follow up Hep-C drug Harvoni, between 2013 and 2015 global revenues for Gilead tripled, rising to $32.6 billion dollars; [239] total corporate profits increased five-fold to $21.7 billion dollars; and total post-tax income increased sixfold to $18.1 billion dollars. [240] Combined sales for Solvadi and Harvoni representing 56% of the company's total revenue between 2014 and 2015. In 2014 alone, Sovaldi made $10 billion in sales, [241] while Hep-C drugs have generated nearly $62 billion in sales since 2013. [242] By 2015, Gilead's post-tax profit margin was 55%. [243]

Gilead has also come under pressure, particularly in the US, for its pricing of HIV drug Truvada. In 2019 it was being sold at $20,000 per person per year in the US. [244] According to the Centers for Disease Control and Prevention, while 1.1 million Americans were in need of Truvada in 2018, only 90,000 prescriptions were filed for the drug by commercial pharmacies (which account for between 85% and 90% of all Truvada prescriptions). [245] Going by this data, then, less than 10% of those Americans who need the drug are accessing it. Access to the drug plays out in ways that reflect and consolidate racial inequalities. In 2018 the Centers for Disease Control and Prevention estimated that approximately 500,000 African American people in the US could potentially benefit from taking the drug, yet only 1% of these potential beneficiaries (7,000 African American people) were doing so. Similarly, of the 300,000 Latino people who could potentially benefit from the drug, only 3% of these people (7,600) were taking it. [246]

Tax Avoidance

As well as its price gouging controversies, Gilead has also become notorious for its tax practices. According to the advocacy group Americans for Tax Fairness, by moving some of its intellectual property to Ireland, Gilead reduced its US tax bill by $10 billion between 2013 and 2015, the period in which its profits were booming from its hepatitis C medications as documented above.247

Profiting From The Public Purse

While drug companies typically claim that high prices are necessary to recoup the high costs of manufacturing, this kind of defence looks ridiculous in the case of Gilead's hepatitis C drug Sovaldi (see above). According to Professor Jeffrey Sachs of Colombia University, Gilead may have spent around $300 million on R&D for the drug, [248] a figure that would be recouped in just a few weeks of US sales of the drug. The drug, in fact, was initially discovered by Professor Raymond Schinazi of Emory University, whose initial research on the drug was funded by the US government. [249] US advocacy organisation Americans for Tax Fairness estimates that public funding for R&D on the drug totals at least $4.2 million dollars. [250]

In 2019 the Trump administration announced that it would be suing Gilead for infringing upon patents for HIV drug Truvada (see above) held by the Department of Health and Human Services, given that hundreds of millions of dollars in taxpayer money went into research that led to the patents. [251]

Flawed Access Initiatives

In 2018, Gilead announced an "access initiative", pledging lower prices for liposomal amphotericin B (L-AmB, a treatment for cryptococcal meningitis, the second biggest killer of people living with HIV) in 116 countries in the global south. Yet in 2019, MSF criticised Gilead's progress on the scheme. By June 2019, the drug had been registered in only six of the 116 countries and, where registered, was unaffordable. At this point in time, a full treatment course of the drug costs $4,200 in South Africa and $1,000 in India. MSF argued that Gilead prioritised registering L-AmB in high-income countries, where higher prices could be charged. [252]

Withholding Development

Gilead is currently facing several lawsuits over allegations that it withheld HIV drugs based on newer technologies in order to maximise profits from previous medications. This meant people taking old drugs – with serious side-effects – for longer. The lawsuits allege that Gilead withheld TAF-based drugs for ten years before they were finally released in 2015, despite evidence that TAF was safer than TDF, particularly with regards to kidney and bone risks. [253]



Pfizer Summary

• Pfizer was in the top 30 most profitable corporations in the world last year, with $52 billion in revenue and a whopping $16 billion in profits.

• exceeding spending on the unprecedented US 'operation warp speed'. Its revenues are bigger than oil-rich Kuwait or Malaysia.

• Pfizer is working with German biotech company BioNTech to develop a potential Covid-19 vaccine. Announcing positive results in November 2020, Pfizer came under criticism for failing to limit prices. The company is expected to make $13 billion in 2021 and has already sold 82% of the doses it expects to make, to rich countries. When asked if it would join efforts to produce patent-free medicines for coronavirus, Pfizer's CEO responded: "*At this point in time, I think it's nonsense, and... it's also dangerous*."

• Pfizer and its British distributor hugely hiked the prices of anti-epilepsy drug phenytoin which 48,000 NHS patients relied upon. NHS expenditure on the drug rose from $2 million a year to $50 million in a single year, with the cost of 100mg packs rising from $2.83 to $67.50. Overall, UK wholesalers and pharmacies faced price hikes of between 2,300% and 2,600%.

• MSF ran a campaign against the price of Pfizer's pneumonia vaccines, which it claimed were 68 times more expensive in 2015 than in 2001.

While Pfizer did reduce prices for the lowest income countries, MSF said the cost to vaccinate remained "*roughly US $9 for each child to be vaccinated in the poorest countries, and as much as $80 per child for middle-income countries*".

It claimed Pfizer and GSK have earned over $50 billion for the drug, but "*Today, 55 million children around the world still do not have access to the pneumonia vaccine, largely due to high prices.*"

• In 1996, Pfizer dispatched doctors to Nigeria to assist in the most serious meningitis outbreak the country had ever seen and to test a potential new blockbuster drug. Ultimately eleven children died – Pfizer claims of meningitis rather than the treatment. But in the years that followed, lawsuits claimed that the parents hadn't given consent to the experimental trials. Ultimately, Pfizer agreed to out of court settlements of over $75 million dollars and did not admit to any wrongdoing even though they were criminally guilty.

• In 2009, Pfizer was forced to pay $2.3 billion dollars in a set of complex suits which included the company's illegal marketing of arthritis drug Bextra, as well as kickbacks to doctors. A whistleblower claimed that sales staff were incentivised to sell Bextra to doctors for conditions for which the drug wasn't approved and at doses up to **eight times** those recommended. "*At Pfizer I was expected to increase profits at all costs, even when sales meant endangering lives. I couldn't do that*," he stated.

Covid-19

Pfizer is working alongside German biotech company BioNTech to co-develop a potential Covid-19 vaccine, seeking to develop the latter's BNT162 vaccine program, which includes four vaccine candidates. [259] Clinical trials of the vaccine were approved in Germany in April, 2020. [260] The first clinical trials in the US began in May 2020. A Pfizer press release explains the terms of the collaboration:

Under the terms of the agreement, Pfizer will pay BioNTech $185 million in upfront payments, including a cash payment of $72 million and an equity investment of $113 million. BioNTech is also eligible to receive future milestone payments of up to $563 million for a potential total consideration of $748 million. Pfizer and BioNTech will share development costs equally. Initially, Pfizer will fund 100 percent of the development costs, and BioNTech will repay Pfizer its 50 percent share of these costs during the commercialization of the vaccine. With FDA Emergency Approval which is occurring right now as of this writing, Pfizer is on its way to windfall profits. [261]

In early November 2020, Pfizer made headline news around the world when it announced its vaccine candidate was more than 90% effective in preventing Covid-19 in its tests. [262] While good news for many, others questioned why the news was released to the press without detailed data, sparking concerns that the decision was more to do with boosting stock price than communicating complex results. "*The lack of data is very concerning*" one scientist told National

Geographic. [263] Pfizer's own CEO did well out of the announcement, selling company shares worth $5.56 million on the day the company announced its vaccine results, though he broke no rules as the sale was pre-planned. [264]

The announcement also drew attention to the fact that Pfizer has made no promise to limit its profits from its vaccine and has presold over one billion doses to rich governments, representing just 14% of the world's population. This represents 82% of the 1.35 billion doses Pfizer says it has the capacity to produce by the end of next year. [265] It is unclear how this can be squared with any notion of fair international distribution.

Pfizer is also trialling a new antiviral drug as a potential Covid-19 treatment, [266] and is involved in a study assessing the potential of its arthritis drug Xeljanz as a potential treatment. [267]

Pfizer has promised to share data from its Covid-19 research with other companies, and to use manufacturing capacity to develop other companies' products [268] but it hasn't made clear how this will happen, and it hasn't made any guarantees about profit levels. In fact, Pfizer's drug is predicted make $13 billion in 2021. [269] While the company claims not to have received any direct public support, its partner in the vaccine production process has received significant funding from the EU and German governments, [270] while the massive advance bulk purchases of a drug of unknown efficacy, detailed in the pre-purchase table included in this report, does represent a very significant indirect mobilisation of public resources. It also ignores the state support for the technology underlying the vaccine. [271]

Pfizer has been outspoken in its desire to maintain patents and has derided attempts by the WHO to create a patent-free mechanism to pool coronavirus research and development and allow for universal access to vaccines. Pfizer's CEO Albert Bourla commented: "*At this point in time, I think it's nonsense, and... it's also dangerous.*" [272]

Corporate Share Price

After the UK lockdown was announced on 23 March, Pfizer share prices increased 32.6% to August. [293]

It was during this period that clinical trials were approved in Germany and the US. [294]

Price Gouging

Pfizer was investigated by the UK's Competition and Markets Authority (CMA) for price gouging in a case that was recently heard in the Court of Appeal. [295] The CMA was responding to very high price rises made by Pfizer and its UK distributor Flynn on anti-epilepsy drug Phenytoin which 48,000 UK patients relied upon. As a result, NHS expenditure on Phenytoin capsules rose from about $2 million a year in 2012 to about $50 million in 2013 with the price of 100mg packs of the drug rising from $2.83 to $67.50, before reducing to $54 from May 2014. [296] Overall, UK wholesalers and pharmacies faced price hikes of between 2,300% and 2,600%. [297]

Initially, the CMA concluded that prices in the UK were far higher than in any other European country and, in December 2016, Pfizer was given the highest fine ever levied by the CMA: $84.2m (alongside $5.2m for Flynn). [298] However, Pfizer and Flynn appealed and in June 2018 the Competition Appeal Tribunal upheld the CMA's decision that the firms held dominant market positions, but concluded these positions were not abused, therefore quashing the CMA fines. The CMA then appealed and in March 2020, the Court of Appeal upheld the CAT's decision to quash the fines yet re-opened the question over whether the CMA's ruling as to the firms' pricing was excessive. The CMA is now considering the next steps in the case. [299] Despite this, the judge in the case stated:

"*It was quite easy to lose sight of a stark reality, which was that, literally overnight, Pfizer and Flynn increased their prices for phenytoin sodium capsules by factors of between approximately 7 and 27, when they were in a dominant position in each of their markets*. [300]

Back in 2017, Pfizer hiked the US price of 91 of its drugs by an average of 20%. [301] In July 2018, responding to criticism from President Trump, Pfizer reneged on a set of planned US price increases – before announcing a raft of price hikes for January 2019, which included increases on 41 of its products (around 10% of the company's total portfolio). One price rise was of 9%, with most being at around 5%. [302] A study of pharmaceutical industry price hikes for US products in early 2020 showed that Pfizer's price increases were the highest in the sector. [303]

Vaccine Pricing

MSF has spent many years criticising Pfizer (alongside GSK) for their unaffordable pricing of their vitally important pneumonia vaccine (pneumococcal conjugate vaccine or PCV). [304] Pneumonia is the foremost cause of child mortality globally, killing around one million children each year with children affected by conflict or humanitarian emergencies particularly at risk. [305] This is a disease that is preventable by the PCV vaccine, for which only Pfizer and GSK owned the rights.

Between 2009 and 2014, MSF lobbied these firms to offer a fair and sustainable price for PCV, claiming in 2015 that pneumococcal vaccines were 68 times more expensive than in 2001. [306] Eventually it won price reductions for lower income countries [307] – though MSF was clear these reductions were not close to being sufficient, and only the release of generic vaccines, currently in development, will make these desperately needed vaccines affordable. [308] Price reductions apply to 73 lower income countries, [309] but MSF said the cost to vaccinate remains "*roughly US $9 for each child to be vaccinated in the poorest countries, and as much as $80 per child for middle-income countries that don't qualify for Gavi support*". [310] What's more, the

deal to supply the drug through Gavi – the Gates-funded body which aims to increase vaccinations across lower income countries – effectively involves a bulk purchase of the drug which MSF say translates into a multi-million dollar subsidy to Pfizer on top of the high prices. [311] In short, campaigners claim:

"*Pfizer and GSK have earned over $50 billion in sales of the pneumococcal vaccine in the past ten years, with Pfizer winning the lion's share of these revenues. Today, 55 million children around the world still do not have access to the pneumonia vaccine, largely due to high prices.*" [312]

Nigerian Testing And Other Scandals & Crimes

Pfizer's testing of experimental new drugs [without informed consent] during a meningitis outbreak in Kano, Nigeria, dogged the corporation for 20 years, and was reportedly even the inspiration for John le Carré's novel 'The Constant Gardener'. [313] The story began in 1996, when Pfizer dispatched doctors to Nigeria to assist in the most serious meningitis outbreak the country had ever seen. [314] Pfizer wanted to test a potential new blockbuster drug called Trovan which had not yet been tested against the standard medicine Ceftriaxone. [315]

Ultimately eleven children died – five who had been given Trovan and six who had taken the approved drug. Further, numerous children were left with brain damage, paralysis or slurred speech. [316] Pfizer claims the children died of meningitis, not the treatment. [317] But an employee claimed Pfizer's trial had violated ethical rules. [318] In the years that followed, several lawsuits were initiated, in Nigeria and the US, with claims that the parents hadn't given meaningful consent because they hadn't realised their children were part of an experimental trial. [319] There were also claims that Pfizer had administered lower doses of Ceftriaxone than necessary, with the implication that it was attempting to boost the contrasting effects of its new, much more profitable drug. [320]

The company's problems weren't helped when US regulators poked so many holes in the trials that Pfizer withdrew the request for authorisation of Trovan for meningitis [321] while the EU recommended suspending marketing approval in member states. [322] Ultimately, Pfizer agreed to out of court settlements of $75 million dollars with the state of Kano [323] as well as payments of $175,000 dollars each to four sets of affected parents. [324]

A further twist in the case came when Wikileaks released a US diplomatic cable which appeared to show that Pfizer hired investigators to look for evidence of corruption against the Nigerian attorney general in an effort to persuade him to drop the legal action. [325] Pfizer claims this is "preposterous", and indeed maintains it is innocent of all wrongdoing in the case. [326] Factually, this is a standard ploy designed to avoid admitting guilt when guilt is as obvious as the nose on your face.

moderna®

Moderna Summary

• US biotech firm Moderna is a relatively new company working to advance a potential Covid-19 vaccine known as mRNA-1273 which has now been given emergency approval in several countries. Announcing positive results in November 2020, the company came under criticism for pre-selling 780 million doses of its potential vaccine to rich governments representing just 12% of the global population. This is 78% of the one billion doses it has the capacity to produce by the end of next year.

• $2.5 billion of public money has gone into the drug's development, which according to Public Citizen means "***Taxpayers are paying for 100% of Moderna's vaccine***". Yet the vaccine would be one of the most expensive on the market, with costs estimated at $64 and $74 per person per course under a special cheaper '**pandemic pricing**' regime.

• Moderna ran into controversy in May 2020 for releasing very early and incomplete results leading to a stock boost of 30%. At the same time, two corporate executives sold off nearly $30 million dollars in automated sale shares, while the company's leading shareholder sold one million shares, earning $69.5 million dollars in the process. This was described by former Securities and Exchange Commission officials as "*highly problematic*" and worthy of investigation for potential market manipulation.

• The company has seen its share value rocket since the pandemic. Its share price increased 420.3% in just under five months between 21 February and 17 July 2020. If the US government confirms all its pre-orders and options, the company expects to make $8 billion from those sales alone.

Covid-19

Unlike most other companies competing to produce Covid-19 treatments, Moderna is a relatively new company, founded in 2010, and it's never produced a drug or a vaccine. It is a US-based biotech firm and is working to advance a potential Covid-19 vaccine known as mRNA-1273.332. Moderna has issued two positive news stories, most recently in November 2020,

when the company said trials had shown a 95% effectiveness. [333] However, this positive news was tempered by the fact that 780 million doses had already been sold to rich governments, 78% of the one billion doses Moderna says it has the capacity to produce by the end of next year, representing just 12% of the global population, campaigners warn. [334] The moral of the story is that few people in developing countries will have access to a vaccine. More importantly, a vaccine that is unnecessary for flu-like virus and likely damaging to human beings.

This is particularly shocking given the huge amount of public money that has gone into the vaccine. Manufacturing for the first batch of the product to be used in a phase I study was funded by the Coalition for Epidemic Preparedness Innovations (CEPI). [335] In April, the US Department of Health and Human Services committed up to $483 million dollars to cover R&D costs, [336] with a further $472 million dollars in July. [337]

MSF calculates that the total amount of public money contributed to be $2.5 billion dollars. [338] Public Citizen claims that in effect this means "*Taxpayers are paying for 100% of Moderna's COVID-19 vaccine development. All of it. Yet taxpayers may wind up paying tens of billions more to Moderna to buy our vaccine back, if it proves safe and effective*". [339] Indeed the USA has bought 100 million doses with options to buy another 500 million – an amount thought likely to make the company $8 billion dollars. [340]

What's more, Moderna is proposing a vaccine cost well above the average. Moderna's two-dose vaccine regimen is estimated to cost between $64 and $74 per person under its cheaper 'pandemic pricing' regime. [341] Unlike some other vaccine developers, Moderna has not said it will limit the prices of its vaccine. [342] The potential prices have provoked public outcry from campaigners. [343]

Moderna has been criticised for the way it releases its research. After the company announced it had seen positive results from its Phase I trial in May 2020, its stock price increased by 30%, [344] with the company valued at $29 billion, despite the fact it has no approved products to sell and had never before developed and sold a single product. [345] Scientists, however, raised questions about the company's claims, suggesting that no significant data had been released to evidence them. [346] Moderna disclosed early results from just 8 of its 45 trial participants. [347] One might wonder why?

"*It's a bit of a concern that they haven't published the results of any of their ongoing trials that they mention in their press release. They have not published any of that*," Johns Hopkins University vaccine researcher Anna Durbin said. [348] One former Moderna executive, speaking anonymously to CNN Business, commented: "***Issuing a press release around Phase 1 data is very unusual ... Issuing a press release around partial data from less than half the patients is very, very unusual – practically unheard of.***" [349]

Some commentators suggested that Moderna was trying to capitalise on their surging stock price in the wake of their phase I trial via a series of stock market transactions. The firm's moves have been labelled by former Securities and Exchange Commission officials as "*highly problematic*" and worthy of investigation for potential market manipulation. [350] Hours after press releasing their claims about positive trial results, Moderna sold 17.6 million shares to the public, raising $1.3 billion. Two Moderna executives sold off nearly $30 million in automated sale shares. Days later, Moderna's leading shareholder – a venture capital firm called Flagship Pioneering founded by Noubar Afeyan, co-founder and chairman of Moderna – sold one million shares, earning $69.5 million in the process. Moderna's share value then sank as the week went on. [351]

Overall, corporate executives at Moderna were reported to have sold more than $180 million of stock in automated sales for the year to September. [352]

An anti-corruption watchdog group is urging the US Securities and Exchange Commission to investigate top executives at Moderna, [353] while the chairman of the Securities and Exchange Commission cautioned companies against selling stock during the pandemic, saying even if sales are legal, the optics are not good. [354]

In a positive development, Moderna has agreed not to enforce patents during the pandemic, though Public Citizen believes this could be a way of avoiding difficult disputes. [355] Nonetheless, Moderna can itself decide when the pandemic is 'over', and the decision doesn't necessarily assist with the technology transfer that would be necessary to produce sufficient vaccines across the world – a problem which could have been solved by the WHO proposals for a patent pool.

Corporate Share Value

The company has seen its share value rocket since the pandemic. Its share price increased 420.3% in just under five months between 21 February [356] and 17 July 2020. [357]

Secrecy

As mentioned above, Moderna has been criticised for failing to reveal the data behind their apparently promising Covid-19 trial results. It has been criticised on the same grounds in the past: the first two potential treatments it brought to trial were both vaccines, yet the company refused to disclose which diseases the vaccines targeted and did not list the trials publicly.

In the words of one former Moderna executive, speaking anonymously to CNN Business: "*[Moderna's] behavior is to issue very scant, non-scientific information. And somehow, that's their magic power — is that the markets eat it up.*" Unlike other firms, the company doesn't publish work in scientific journals, instead jumping straight to press releases for maximum profit. [367]



SANOFI

Sanofi Summary

• Sanofi, one of France's biggest corporations, is promoting numerous Covid-19 initiatives including a collaboration with GSK to develop a Covid-19 vaccine. They have received over $2 billion dollars for drug development and expansion of manufacturing capacity for this vaccine. Up to a billion doses have been presold to rich countries, with 200 million made available for global distribution through COVAX. But according to Sanofi CEO Paul Hudson, the US would likely get access to the vaccine before the rest of the world.

• Sanofi has been accused of hiking up prices for their insulin Lantus, which increased 18% each year from 2012 to 2016 in the US, while $22 billion of US public money was paid out via Medicare and Medicaid for the drug. Sanofi have also been accused of blocking competition for Lantus in the US, filing 74 patent applications, which would have had the potential to delay the emergence of competition for 37 years.

• Sanofi dropped promising research work on a Zika virus vaccine when the US refused further support, despite significant funding already put in. Senator Bernie Sanders argued that any public-private vaccine partnership should come with a commitment to a price limit. Sanofi refused to make such a commitment.

• After vaccinating hundreds of thousands of people for Dengue in 2017, it materialised that the vaccine could be unsafe unless people had previously been exposed to the virus. While Sanofi denies any wrongdoing, the case has had a major impact on trust in vaccines in the country.

• This year, charges were brought against Sanofi in France over an alleged failure to warn pregnant women about the risk of birth defects from epilepsy drug Depakine. France's social affairs inspection agency estimated that between 2006 and 2014, **425 to 450 babies suffered congenital birth defects or were stillborn following exposure**. Sanofi denies wrongdoing and claims it has been "totally transparent".

Covid-19

French pharmaceutical firm Sanofi is promoting numerous Covid-19 initiatives. They have announced a collaboration with GSK to develop a Covid-19 vaccine. Phase I clinical trials are planned for the second half of 2020, aiming for the vaccine to be available by the second half of 2021. [370] The collaborative project has received $30 million funding from the US Biomedical Advanced Research and Development Authority (BARDA). Therefore, according to Sanofi CEO Paul Hudson, the US would likely get access to the vaccine before the rest of the world. [371] In July 2020, Sanofi and GSK were pledged as much as $2.1 billion dollars for drug development and expansion of manufacturing capacity, with the bulk going to Sanofi. [372]

Sanofi is also working with Californian start-up Luminostics to develop a smartphone-based home test. [373] And they are one of several developers of controversial potential Covid-19 treatment hydroxychloroquine, [374] which was touted by President Trump. [375] In fact, Trump and several of his associates appear to have a small financial interest in Sanofi. [376] In April, Sanofi announced plans to donate 100 million doses of hydroxychloroquine across 50 countries. [377]

Price Gouging And Blocking Competition

In the US, Sanofi has been accused by the Initiative for Medicines, Access and Knowledge (I-MAK) of hiking up prices for their insulin Lantus, one of the main insulin products on the market. [384] The US price of Lantus increased 18% each year from 2012 to 2016. In this time, $22 billion of US public money was paid out to Sanofi via Medicare and Medicaid to purchase Lantus. [385]

Sanofi also stands accused of 'over-patenting'. Patents are supposed to last a set period of time, after which generic competitors can be developed. Sanofi, however, has repeatedly blocked the emergence of competition for Lantus in the US by filing 74 patent applications, 69 of which came after the drug was first patented in 1994. Together, these patents have the potential to delay the emergence of competition for 37 years. [386]

Sanofi is currently one of three firms facing a lawsuit filed by 67 diabetic patients, pertaining to fraud allegations connected to insulin price rises. Plaintiffs in the case allege that Sanofi, Novo Nordisk and Eli Lilly increased insulin list prices by over 150% over the past five years. [387] Sanofi denies the claims. [388] High insulin prices have a devastating human cost. One recent 2019 Yale University study found that one-quarter of patients at the Yale diabetes clinic reported using less insulin to cut costs in the previous 12 months. [389]

Previous Vaccine Controversies

Sanofi attracted criticism around its partnership with the US Army for a Zika virus vaccine developed by US Army researchers. The partnership was agreed in July 2016, with Sanofi winning $43 million of US government funding to advance the vaccine in September that year alongside the potential for an additional $130 million follow-up funding and a potential exclusive commercialisation licence. [390] Critics such as Bernie Sanders and US NGO Knowledge Ecology International argued that because the US taxpayer had paid over $1 billion already on R&D around Zika – alongside the $43 million specifically committed to Sanofi – no deal between the US government and Sanofi should be reached on a vaccine partnership without a commitment to a price limit. [391] Sanofi, however, refused to make such a commitment. [392]

As the spread of Zika slowed in 2017, the US government Biomedical Advanced Research and Development Authority (BARDA) decided to pull funding for the Sanofi partnership. As a result, Sanofi shelved its work on the vaccine [393] – despite data published in the Lancet showing its performance was extremely promising, eliciting strong responses in over 90% of trial participants. [394] Sanofi spokeswoman Ashleigh Koss said developing vaccines for emerging infectious disease is "a high-risk endeavor." She said: "*We have been clear about the importance of public-private partnerships in addressing emerging infectious diseases like Zika and believe it is essential for vaccine manufacturers to collaborate with governmental scientific organizations.*" [395] In other words: despite the massive potential health benefits of continuing work on the vaccine, Sanofi refused to fund this work itself, without continued public finance.

Sanofi's dengue fever vaccine Dengvaxia proved controversial when used in immunisation in the Philippines. In 2016, the Philippine Department of Health started using Dengvaxia in the midst of a national epidemic, beginning a national immunisation program targeting one million children. [396] But in 2017, Sanofi announced that the drug should only be used on those who had already been exposed to the virus, following a re-analysis of test results which Sanofi said presented evidence that people who had not been exposed to the virus could be rendered more vulnerable to severe infections post-vaccination. [397] For some children who had been vaccinated, this meant they could now be at greater risk of the dangerous condition than before they'd been vaccinated. [398]

What's more, researchers claimed that they had warned about the potential problem before the vaccinations had even begun with one expert telling journalists: "*All officials who spoke with me about the Dengvaxia campaign worried about the potential for future severe dengue cases in vaccinated persons who had never had a previous case of dengue.*" [399]

By February 2018, safety concerns around the vaccine had become widespread in the Philippines, and allegations surfaced around the deaths of several children. [400] The Philippine government permanently withdrew the vaccine's licence, and even initiated legal action against health officials and Sanofi staff, citing an "inexcusable lack of precaution and foresight." [401] Sanofi denies any wrongdoing and indeed there is no evidence that Dengvaxia is linked to the deaths in question. [402] But the case demonstrates the real problems with perceived shortcuts in vaccine development. Faith in vaccines plummeted in the Philippines as the controversy hit the media and aroused enormous fear in the population. As one expert told journalists, "*That fear can impact negatively on the established immune programs that are actually safe and work very well.*" [403]

Safety Concerns

This year, charges were brought against Sanofi in France over an alleged failure to warn pregnant women about the risk of birth defects from epilepsy drug Depakine. [404] France's social affairs inspection agency IGAS estimated that between 2006 and 2014, **425 to 450 babies suffered congenital birth defects or were stillborn following exposure to Depakine**. [405]

One 2017 study by France's National Agency for the Safety of Medicines (ANSM) estimated that between **2,150 and 4,100 children suffered severe malformations linked to the drug**. [406] In August 2020, an investigation was launched into Sanofi for possible manslaughter charges in France over the deaths of four babies whose mothers took the anti-epilepsy drug. [407] Sanofi claims it has been "totally transparent with health authorities." [408]

In 2012, the US FDA found dozens of health and safety problems in a Sanofi factory in Toronto that produced the vaccine BCG, used against tuberculosis and bladder cancer.

The FDA documented various issues with mould and contamination in the plant. [409] This included 58 different mould issues within the vaccine processing areas, problems with vial handling, issues with employees' movement between the live vaccine area to the washing and sterilising area, questions with disinfecting practices and nesting birds in the air handling units. [410] Sanofi withdrew four batches of BCG and suspended production from the Toronto plant for two years. [411]

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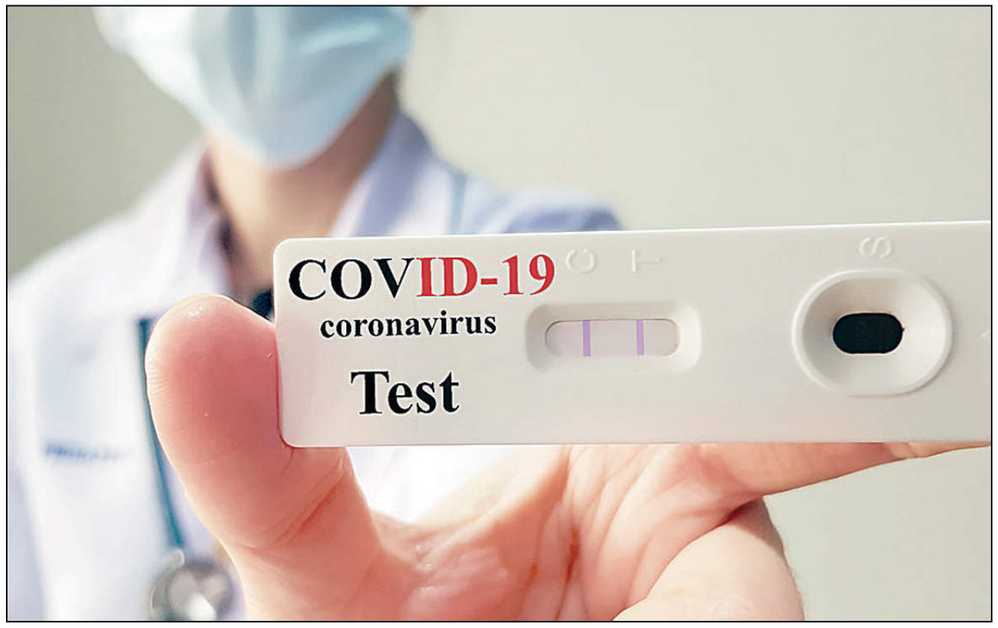
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CHAPTER SEVEN

SELF-APPOINTED CENSORS

Big Tech Is Controlling What You See Online

January 30, 2021

Efforts to Combat 'Fake News' Ramped Up After Election

Zachary Vorhies was a Big Tech insider for more than eight years. A former senior software engineer at Google and Google's YouTube, he said everything was great — and then something happened: Donald Trump won the election in 2016. In the first week after the 2016 election, Vorhies told Attkisson, Google had an all-hands meeting.

The company's CFO broke down in tears over the election results, while founder Sergey Brin said he was personally offended by them. In short, the bosses at Google were devastated by Trump's unexpected victory, and soon after Vorhies said, "The company took a hard left and abandoned liberal principles and went toward authoritarian management of products and services."



Eventually, as Vorhies realized Google is manipulating public opinion and the political landscape, he resigned so he could warn the public that Google appeared to be attempting a coup on the president. He echoed these sentiments during our 2019 interview, and shared his inside knowledge of this global monopoly, revealing why Google is not a reliable source of information anymore. While some of the information revealed is related to politics, you can read about my views about the two-party U.S. federal government. The point of sharing this information is that Google is manipulating search results to reflect its views and influence social behavior while denying this is happening.

How Google Is Altering Reality

According to Vorhies, at the all-hands meeting that took place shortly after the 2016 presidential election, Google CEO Sundar Pichai said that one of the most successful things they had done during the election was applying "machine learning" to hide fake news. Machine learning is a type of artificial intelligence that's behind Google's rampant censorship — something they've dubbed Machine Learning Fairness, or ML Fairness. "As you imagine," Vorhies said during our 2019 interview (hyperlinked above), "they're not going to call their censorship regime something bad. They're going to call it something like 'fairness.'"

"So, if you're against that, you're against fairness. It's a euphemism. I discovered there was this umbrella project, 'ML Fairness,' and there were these subcomponents like 'Project Purple Rain,' which is a 24-hour response team that is monitoring the internet," he said.

By 2017, Vorhies had uncovered more than 950 pages of confidential Google documents showing a plan to re-rank the entire internet based on Google's corporate values, using machine learning to intervene for "fairness." He resigned in June 2019 and turned over the documents to the Department of Justice, then released them to the public via Project Veritas to expose Google's censorship activities.3 According to Project Veritas:4

"Things got political in June 2017 when Google deleted 'covfefe' out of its arabic translation dictionary in order to make a Trump tweet become nonsense.

This would have been benign if it weren't for the coincidence of the main stream media attempting to invoke the 25th Amendment to remove Trump from the presidency, a week later.

At this point Zach Vorhies became suspicious that Google might be engaging in a seditious conspiracy to remove the President of the United States. Zach decided that the document cache had to be provided to the appropriate law enforcement agencies (Department of Justice) to disclose the seditious activity, and to the public in order to let them know the full extent of Google's information control abilities."

‘Algorithmic Unfairness’ Tackles the Narrative of Reality

Susan Wojcicki, the CEO of YouTube, made pushing down “fake news” and increasing “authoritative news” sound like a good thing, Attkisson reported,5 but when Vorhies looked at Google’s design documents, the fake news they were censoring wasn’t really fake.

“I was apolitical,” he said, “but I started to think, is this really fake news? Why are they defining it as fake news in order to justify censorship?” Part of this involved Google’s efforts at social reconstruction to correct “algorithmic unfairness,” which could be any algorithm that reinforces existing stereotypes.

Could objective reality be algorithmically unfair? Google says yes. Vorhies used the example of doing a Google search for CEOs, and the images returned included mostly men. Although it’s reality, this could be considered algorithmically unfair and, according to Google, justifies intervention in order to fix it. He also uses the example of the autofill search recommendations that pop up if you do a Google search.

Autofill is what happens when you start typing a search query into a search engine and algorithms kick in to offer suggestions to complete your search. If you type “men can,” you may get autofill recommendations such as “men can lactate” and “men can get pregnant,” or “women can produce sperm” — things that represent an inversion of stereotypes and a reversal of gender roles.

We’ve been led to believe that whatever the autofill recommendations are is what most people are searching for — Google has stated that the suggestions given are generated by a collection of user data — but that’s not true, at least not anymore. As Vorhies said during our 2019 interview:

“This story about the autofill first got disclosed by Dr. Robert Epstein, who is a Harvard-trained psychologist and former editor-in-chief of Psychology Today. What he said was that Google had flipped a bunch of votes for Hillary using this autosuggest feature. I’ve investigated this claim. I’ve verified it to be true … It turns out that a lot of the popular searches were being suppressed. … The most significant thing about this feature is the fact that you don’t expect to have this part of your online experience to be hatched for political reasons. You think that this is legitimate-



ly what other people are searching for. As a result, you don't have your filters on. Your brain puts on these filters when it starts to evaluate politically charged information.

When you read a newspaper article, you may be thinking to yourself, 'This may be true, this may not.' You're skeptical. But when you're typing into a search, you don't think that because you don't think that's rigged, so whatever bias is inherent in that search result slips through and goes directly into your subconscious. This is what Epstein was explaining."

Vorhies said his tipping point came when Pichai told Congress the company doesn't filter based on political bias and blacklist websites. "That's when I saw that Sundar Pichai was lying to Congress by saying that they don't use blacklists."6

Big Tech Fact-Checking Ramped Up

The sudden onslaught of "fact-checking" organizations is another form of censorship that's interfering with free discourse. Citing data from Duke University Reporters' Lab, Attkisson says "fact check groups more than quadrupled in number over five years from 44 to 195." Fact-checking now represents a multi-million-dollar industry that stands to benefit certain interests. "Facebook and Google are major funders of news organizations and fact check efforts," Attkisson reports, "spending hundreds of millions of dollars." The problem with labeling something as "false and misleading information" is the damage that occurs if said information is not actually false or misleading. When a banner pops up on social media warning readers that the content is false, most people will not click through.

According to the Poynter Institute, one of Facebook's fact-checking partners, which bills itself as a "global leader in



journalism" that believes that a free press is essential,7 once a Facebook post is flagged as false by a fact-checker, its reach is decreased by an average of 80%.8

Further, Facebook's list of trusted fact-checking partners is also heavily conflicted. Children's Health Defense sued Facebook, its CEO Mark Zuckerberg and three of its fact-checking partners — Science Feedback, Poynter Institute and PolitiFact9 — alleging, in part, that they are not independent or fact-based, even though they describe themselves as such.

Fact Checkers Receive Millions From Political Groups

PolitiFact is a branch of the Poynter Institute that says fact-checking journalism is its "heart,"10 while Science Feedback is a French organization that claims it verifies the "credibility" of "influential" science claims in the media.11

Science Feedback, which often sides with the vaccine industry, was also used to discredit a documentary that tied the coronavirus to a lab in Wuhan, China, but Science Feedback's source was a U.S. scientist who worked at the Wuhan lab.

Further, according to Attkisson, PolitiFact received millions from groups looking to reimagine capitalism, count immigrants in the U.S. census and change voting processes for presidential elections from the electoral system to a popular vote.

PolitiFact also received $900,000 from the Democracy Fund, which is a major funder of anti-Trump political efforts, while the left-leaning Open Society Foundations and Omidyar Network gave the Poynter Institute $1.3 million for its interna-

tional fact-checking network.12 Attkisson says fact-checking censorship ramped up in the final weeks of the 2020 presidential campaign with Twitter censoring or labeling Trump's tweets and a New York Post exposé on Joe Biden's son, and, after the election, YouTube banning videos disputing Biden's victory. Ultimately, what's wrong with companies trying to keep harmful information or conspiracy theories from reaching people?

As Vorhies said, "The problem is that they're a monopoly. And if they're going to put their finger on the public narrative, that's going to be meddling in the election."13

'Jumping From the Fireplace Into a Fire'

Section 230 of the 1996 Communications Decency Act provides internet platforms liability protection for user-generated content. Big Tech is pushing for the inclusion of protection mirroring Section 230 of the Communications Decency Act in various free trade agreements, to protect them from foreign regulations.

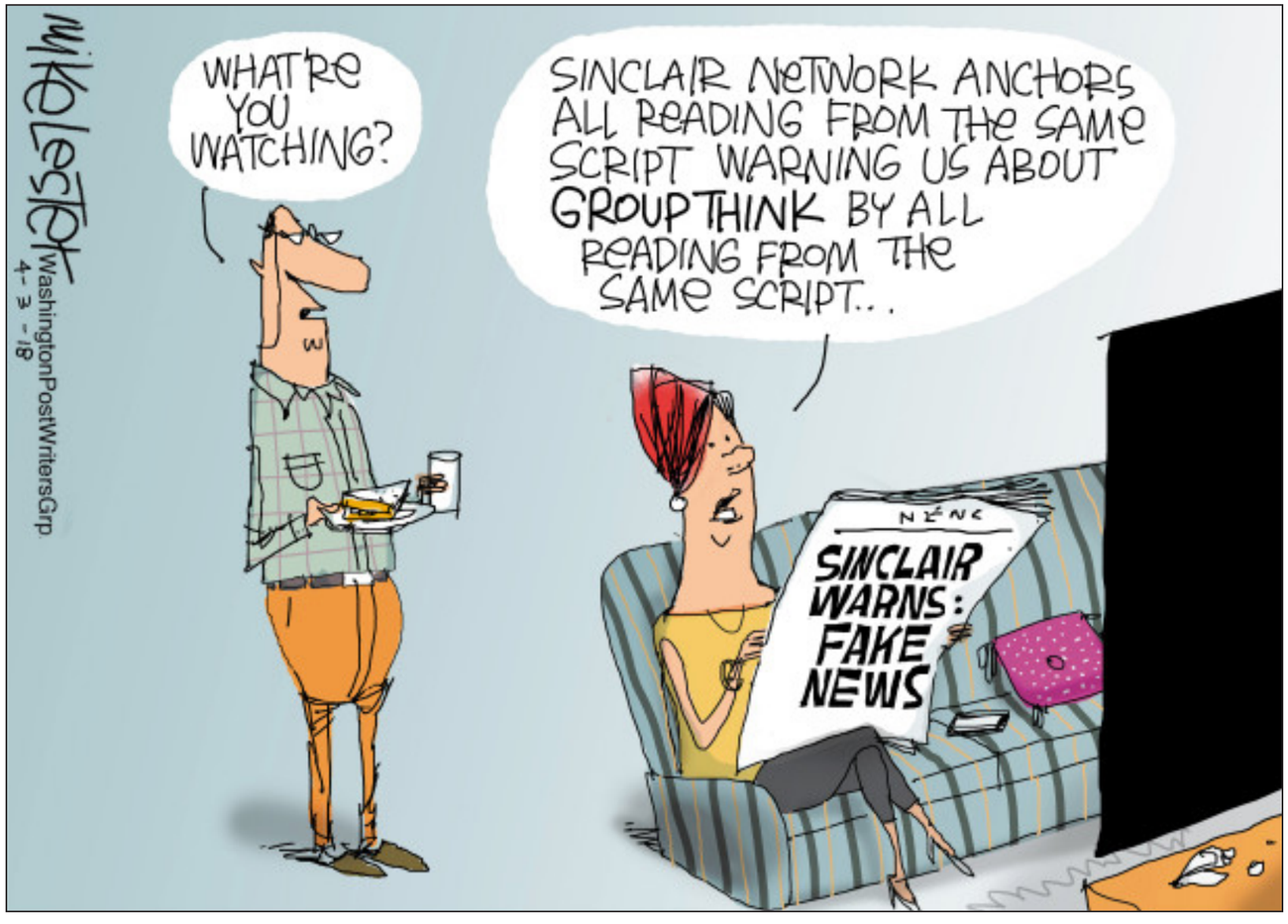
While Section 230 makes free speech online possible for everyone, it also allows Google, YouTube and Facebook to filter out and censor whatever they want while still qualifying as a platform rather than a curator of content.

Congress has threatened to punish Big Tech by stripping them of the legal protections in Section 230, but the government stepping in could add another layer of problems, Attkisson says. Cindy Cohn, executive director of the Electronic Frontier Foundation, agreed, noting14:

"Just because you have a problem it doesn't mean that every solution is the right one. And I think we could really jump from a fireplace into a fire if we then decide that we're going to let whoever is in charge of the government decide what we see."

Efforts to shut down public discussions and information are in full force. So, what can you do? Knowledge truly is power, so look beyond fact-checkers' labels and the top of Google's canned search results — and the corporations behind them — in your search for truth. There are alternatives for most if not all Google products, and by using these other companies, we can help them grow so that Google becomes less and less relevant.

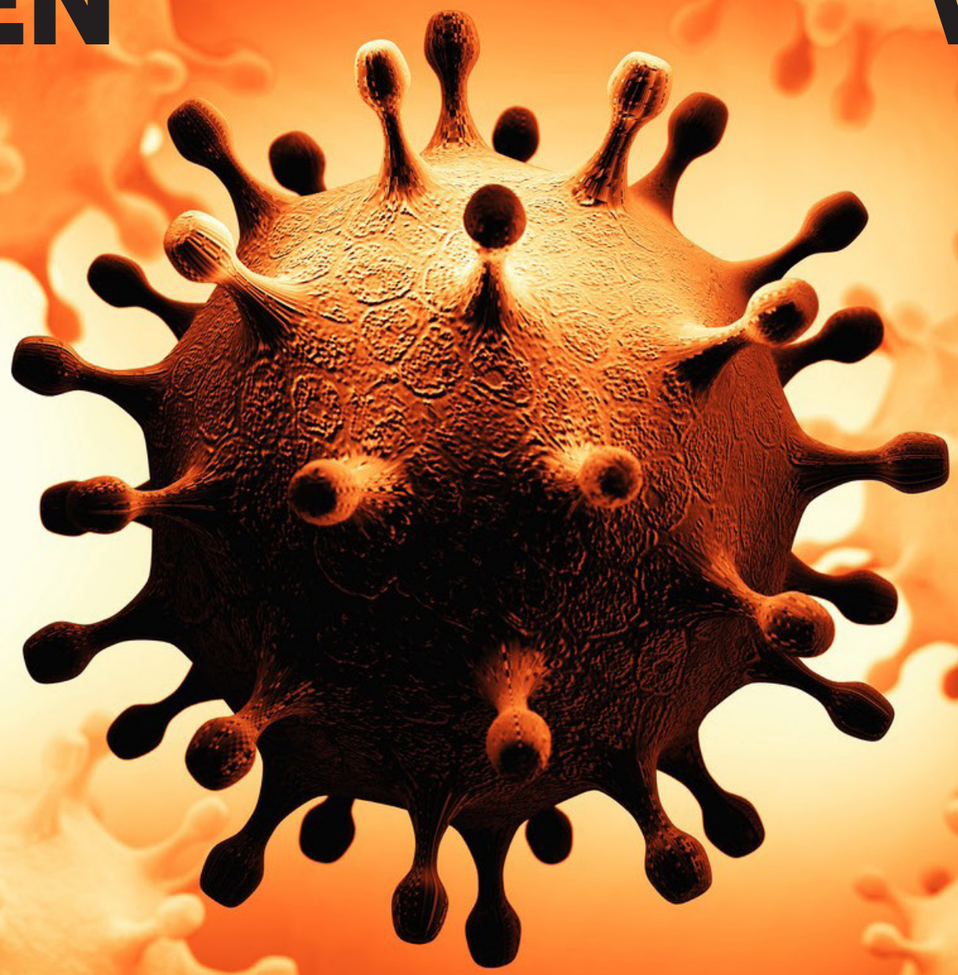
Fake News Is Only Found Within The Mainstream Media
Read The Peer Review, Not Some Of It, All Of It
Like Your Life Depends On It ... Because It Does



However, don't count on Big Tech losing the war.
They have the revenue, the influence and the legal teams
along with an in, via donations, with every legislator in the United States.

CHAPTER SEVEN

THE PHANTOM VIRUS



Email Exchange with UK MHRA—
Exposing the genomic sequence of SARSCov2

December 22, 2020

When I read the Wuhan study in Feb 2020 I was mortified by the monkey kidney & foetal cell-lines which were used as a "culture" before rt-PCR amplification. Isolation was never satisfactory at any stage thereafter. I honestly felt sick. The genome sequence was computed from this.

I set about proving that the vaccine has been created from a computer generated genomic sequence & not one isolated from an infected person, either in Wuhan or anywhere else in the world since. The Pfizer BioNTech vaccine was approved by UK MHRA (Medicines and Healthcare products Regulatory Agency) & I initiated a polite exchange of emails with them as follows:

CSC 23485 First UK COVID-19 vaccine approved Pfizer/BioNTech

From: frances leader <franleader@hotmail.co.uk>
Sent: 03 December 2020 16:29
To: MHRA Customer Services <MHRACustomerServices@mhra.gov.uk>
Subject: CSC 23485 First UK COVID-19 vaccine approved Pfizer/BioNTech

Dear Sirs,

As you have approved the Pfizer/BioNTech vaccine for distribution to UK citizens from next week I would appreciate a copy of the Vaccine insert detailing full ingredients, all known side effects & all other medicine safety information which would normally be available with any medication.

A FOIA to Public Health Scotland recommended that you should be able to supply this information as they cannot.

MS

MHRA Customer Services <MHRACustomerService
s@mhra.gov.uk>
Tue 08/12/2020 13:46
To: You

Our reference: CSC 23485

Dear Fran Leader,

Thank you for your email dated 3/12.

We recently published information on the product and advise you review this at the following link of our website page below that contains the patient information leaflet and summary of product characteristics.
https://www.gov.uk/government/news/uk-medicines-regulator-gives-approval-for-first-uk-covid-19-vaccine

Here is a direct link to the PDF which would answer your query:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940566/Information_for_UK_recipients_on_Pfizer_BioNTech_COVID-19_vaccine.pdf

CSC 23485 First UK COVID-19 vaccine approved Pfizer/BioNTech

frances leader
Wed 09/12/2020 20:13
To: MHRA Customer Services

Dear Adam,
You took so long to answer my email I have already seen the docs you offer below. Plus the advice distributed to healthcare professional.

Can you give me any idea of what is in the active ingredient BNT162b2 RNA?

It is not specified anywhere that I have seen.

Thanks for your attention to this matter.

Kind regards,

Fran Leader

CSC 23485 First UK COVID-19 vaccine approved Pfizer/BioNTech

MS

MHRA Customer Services <MHRACustomerService
s@mhra.gov.uk>
Fri 11/12/2020 12:00
To: You

Our reference: CSC 23485

Dear Fran Leader,

Thank you for your email. Apologies for the delay in response.
BNT162b2 RNA is embedded in lipid nanoparticles.

COVID-19 mRNA Vaccine BNT162b2 is highly purified single-stranded, 5'-capped messenger RNA (mRNA) produced by cell-free in vitro transcription from the corresponding DNA templates, encoding the viral spike (S) protein of SARS-CoV-2.

Should you require any further advice or assistance on this matter please feel free to call us on 0203 080 6000 or reply to this email.

Our opening hours are Mon – Fri 9am to 5pm (excluding UK Public Holidays)

CSC 23485 First UK COVID-19 vaccine approved Pfizer/BioNTech

Our Reference: CSC 23485 Dear Frances Leader, Thank you for your email. We have revi... Mon 14/12/2020 14:13

frances leader
Fri 11/12/2020 20:47
To: MHRA Customer Services

Thank you Adam!

I would like you to confirm that the DNA template has come from a computer generated genomic sequence first notified to WHO by China rather than an isolated virus from an infected person.

thank you!

Frances Leader

CSC 23485 First UK COVID-19 vaccine approved Pfizer/BioNTech

MS

MHRA Customer Services <MHRACustomerService
s@mhra.gov.uk>
Mon 14/12/2020 14:13
To: You

Our Reference: CSC 23485

Dear Frances Leader,

Thank you for your email.

We have reviewed your request and this has been referred onward for consideration.

In the meantime, should you have any other questions or requests please feel free to call us on 0203 080 6000 or email at info@mhra.gov.uk

Our opening hours are Mon – Fri 9am to 5pm (excluding UK Public Holidays)

Kind regards

CSC 23485 First UK COVID-19 vaccine approved Pfizer/BioNTech

To: You

Our reference: CSC 23485

Dear Frances Leader,

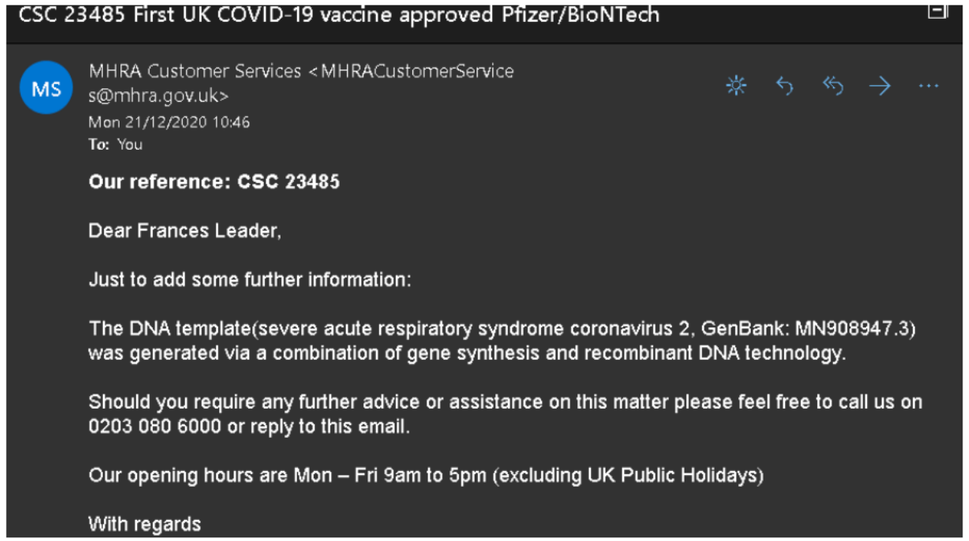
Thank you for your email.

The information is in the Public Assessment Report: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/944544/COVID-19_mRNA_Vaccine_BNT162b2__UKPAR___PFIZER_BIONTECH__15Dec2020.pdf

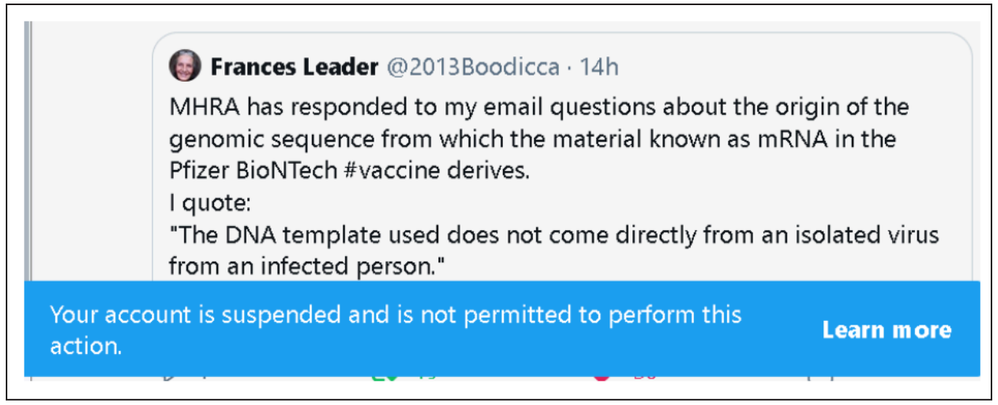
A quality target product profile for the finished product has been established taking into consideration the World Health Organization's "WHO Target Product Profiles for COVID-19 Vaccines".

The DNA template used does not come directly from an isolated virus from an infected person.

Should you require any further advice or assistance on this matter please feel free to call us on 0203 080 6000 or reply to this email.



Twitter post yesterday & my account was summarily suspended:



WITHOUT A PURIFIED SAMPLE VIRUS

UK MHRA CONFESSES THAT THE PFIZER VACCINE mRNA ELEMENT IS A COMPUTER GENERATED GENOMIC SEQUENCE AMPLIFIED FROM A RNA FRAGMENT FOUND IN ONE EXPERIMENTAL STUDY FROM WUHAN (Feb 2020).

NO SIMILAR VIRUS HAS BEEN ISOLATED ANYWHERE IN THE WORLD SINCE.

THE VACCINES ARE CREATED USING A COMPUTER MODEL![Not using a virus!]

AFTER NEIL FERGUSON'S CATASTROPHIC COMPUTER MODEL TOOK THE WORLD INTO A SPIRAL OF LOCKDOWNS, MASKS & ABJECT FEAR - HOW MUCH FAITH HAVE YOU GOT IN A COMPUTER CREATED "VIRAL" SPIKE PROTEIN BEING INJECTED INTO YOUR BLOODSTREAM?

CHAPTER EIGHT

CDC ADMITS PCR IS USELESS



CDC Admits PCR Test Is Useless

Online-only letter to the editor March 27, 2020

In my letter to the editor dated March 20, I laid out the reasons why no one should trust the polymerase chain reaction (PCR) to diagnose AIDS patients or be used to test for the COVID-19. But I will let the Centers for Disease Control speak for itself:

"*Positive results are indicative of active infection with 2019-nCoV but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Laboratories within the United States and its territories are required to report all positive results to the appropriate public health authorities. Negative results do not preclude 2019-nCoV infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epi-demiological information.*"

Bottom line: The test is useless.

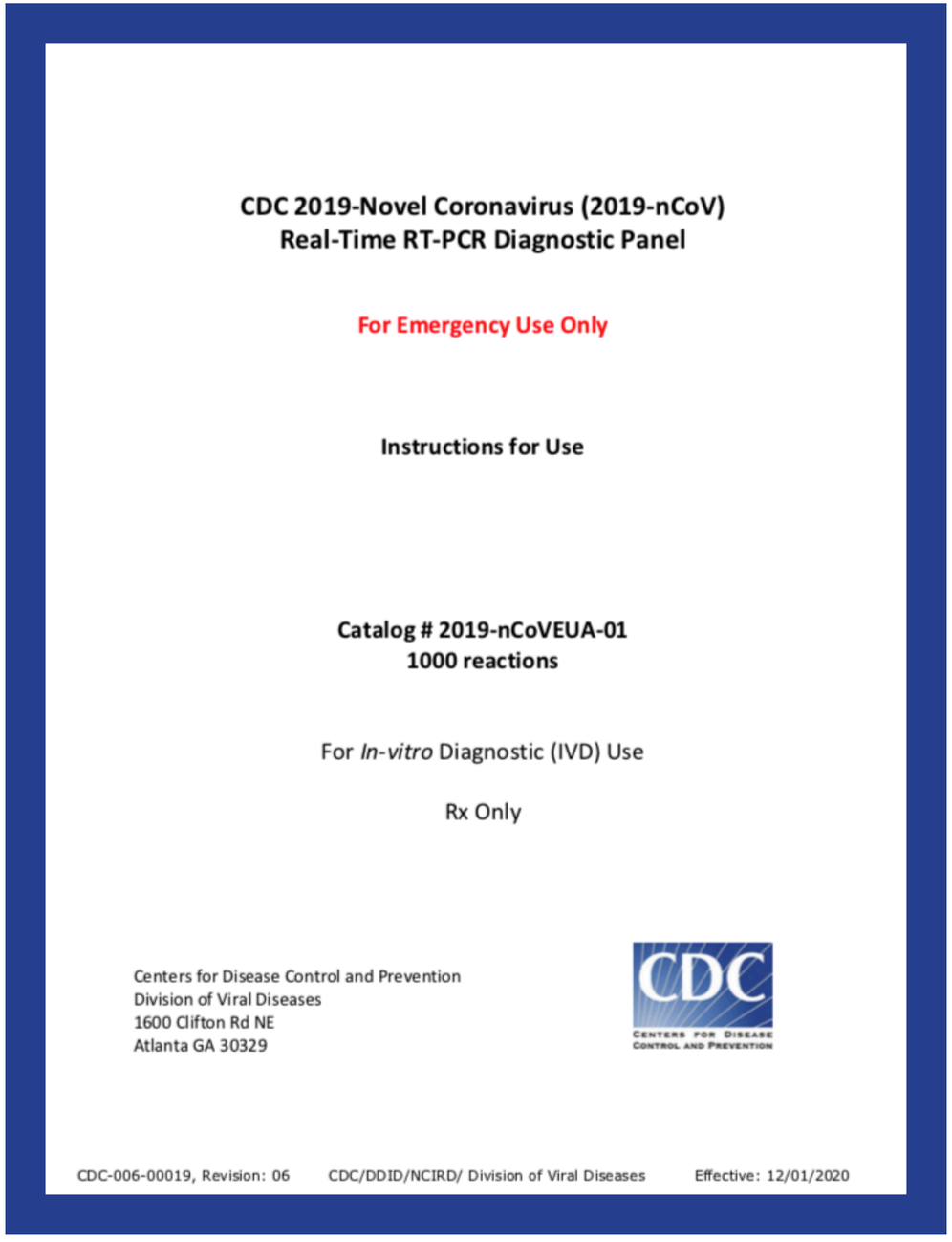
You may test positive, but that doesn't mean COVID-19 is the cause for your illness; you may test negative, but if you are coughing or otherwise ill, you could be deemed "positive," and all of these results must be reported to the CDC as positive. Are you angry yet? **

Source for quote:
https://www.fda.gov/media/134922/download

Original Article Source:
https://missoulian.com/opinion/letters/cdc-admits-pcr-test-is-useless/article_199b22e3-cfd6-5b5d-8574-44272d613bca.html

Source for PDF at right, described above:
https://www.fda.gov/media/134922/download

** Note: You might also test positive if you have or have had respiratory syncytial virus, parain-fluenza 1, 2, 3 or 4, adenovirus, one of the other 4 corona viruses and the viral particles giving a positive result may be dead, incapable of harming you or anyone else.



CDC 2019-Novel Coronavirus (2019-nCoV)
Real-Time RT-PCR Diagnostic Panel

For Emergency Use Only

Instructions for Use

Catalog # 2019-nCoVEUA-01
1000 reactions

For *In-vitro* Diagnostic (IVD) Use

Rx Only

Centers for Disease Control and Prevention
Division of Viral Diseases
1600 Clifton Rd NE
Atlanta GA 30329

CDC
Centers for Disease Control and Prevention

CDC-006-00019, Revision: 06 CDC/DDID/NCIRD/ Division of Viral Diseases Effective: 12/01/2020

Politicians Exploit Testing Methods

Online-only letter to the editor March 20, 2020

Kary Mullis, winner of the Nobel Prize for his invention of the polymerase chain reaction (PCR), opposed using PCR for determining "viral load" in HIV research. Two tests for determining HIV exposure (ELISA and Western Blot) are questionable in that they test for some antibodies to proteins which might make up the shell of the virus. Luc Montagnier (co-discoverer of HIV) admits that the virus has never been isolated, but claims that fact is unimportant since we now have PCR. HIV was our first highly politicized "disease" as it chiefly affected the gay community and President Reagan was accused of being callus toward them.

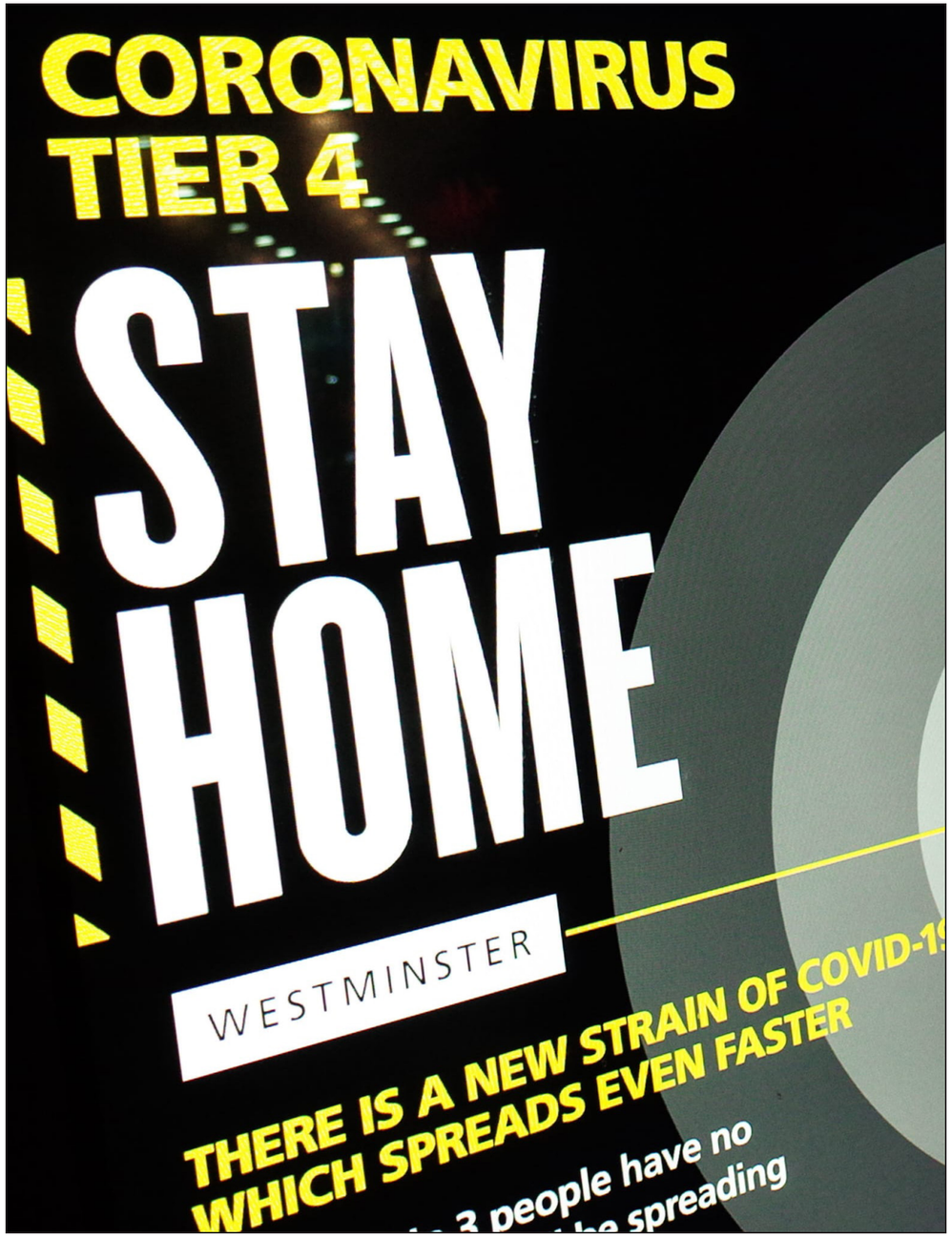
When Margaret Heckler, Reagan's Health secretary, announced the "discovery" of a virus as the cause for acquired immunodeficiency syndrome (AIDS), it took the pressure off Reagan; however, not one peer-review paper had been published. Billions were allocated to study the "virus" and researchers have never gone back to the basics: proof. For the first time, the Food and Drug Administration aborted drug studies to rush drugs to market.

This new "pandemic" also relies on PCR methodology for testing. "Science" by political fiat is not science at all, no matter how much the press or politicians hype it.

Phoenix Mitchell,
Missoula

Original Article Source:

https://missoulian.com/opinion/letters/politicians-exploit-testing-methods/article_2dfa7c6c368c-500c-9ea7-85ca85715523.html



Coronavirus Scandal Breaking in Merkel's Germany: False Positives and the Drosten PCR Test

December 11, 2020

The widely-praised German model of the Angela Merkel regime to deal with the COVID-19 pandemic is now engulfed in a series of potentially devastating scandals going to the very heart of the testing and medical advice being used to declare draconian economic shutdowns and next, de facto mandatory vaccinations. The scandals involve a professor at the heart of Merkel's corona advisory group. The implications go far beyond German borders to the very WHO itself and their global recommendations.

The entire case for WHO-mandated emergency lockdown of businesses, schools, churches and other social arenas worldwide is based on a test introduced, amazingly early on, in the Wuhan, China coronavirus saga.

On January 23rd, 2020, in the scientific journal Eurosurveillance, of the EU Center for Disease Prevention and Control, Dr. Christian Drosten, along with several colleagues from the Berlin Virology Institute at Charite Hospital, along with the head of a small Berlin biotech company, TIB Molbiol Syntheselabor GmbH, published a study claiming to have developed the first effective test for detecting whether someone is infected with the novel coronavirus identified first only days before in Wuhan. The Drosten article was titled, "Detection of 2019 novel coronavirus (2019-nCoV) by real-time RT-PCR" (Eurosurveillance 25(8) 2020).

The news was greeted with immediate endorsement by the corrupt Director General of WHO, Tedros Adhanom, the first non-medical doctor to head WHO. Since then the Drosten-backed test for the virus, called a real-time or RT-PCR test, has spread via WHO worldwide, as the most used test protocol to determine if a person might have COVID-19, the illness.

On November 27th a highly-respected group of 23 international virologists, microbiologists and related scientists published a call for Eurosurveillance to retract the January 23rd, 2020 Drosten article. Their careful analysis of the original piece is damning. Theirs is a genuine "peer review."



At right: A sign leading to COVID-19 tests is seen at the Hochfelln service station on the A8 motorway near the town of Bergen, Germany, August 13, 2020. REUTERS/Michael Dalder

They accuse Drosten and cohorts of "fatal" scientific incompetence and flaws in promoting their test. To begin with, as the critical scientists reveal, the paper that established the Drosten PCR test for the Wuhan strain of coronavirus that has subsequently been adopted with indecent haste by the Merkel government along with WHO for worldwide use–resulting in severe lockdowns globally and an economic and social catastrophe–was never peer-reviewed before its publication by Eurosurveillance journal. The critics point out that, "*the Corman-Drosten paper was submitted to Eurosurveillance on January 21st 2020 and accepted for publication on January 22nd, 2020. On January 23rd, 2020 the paper was online.*"

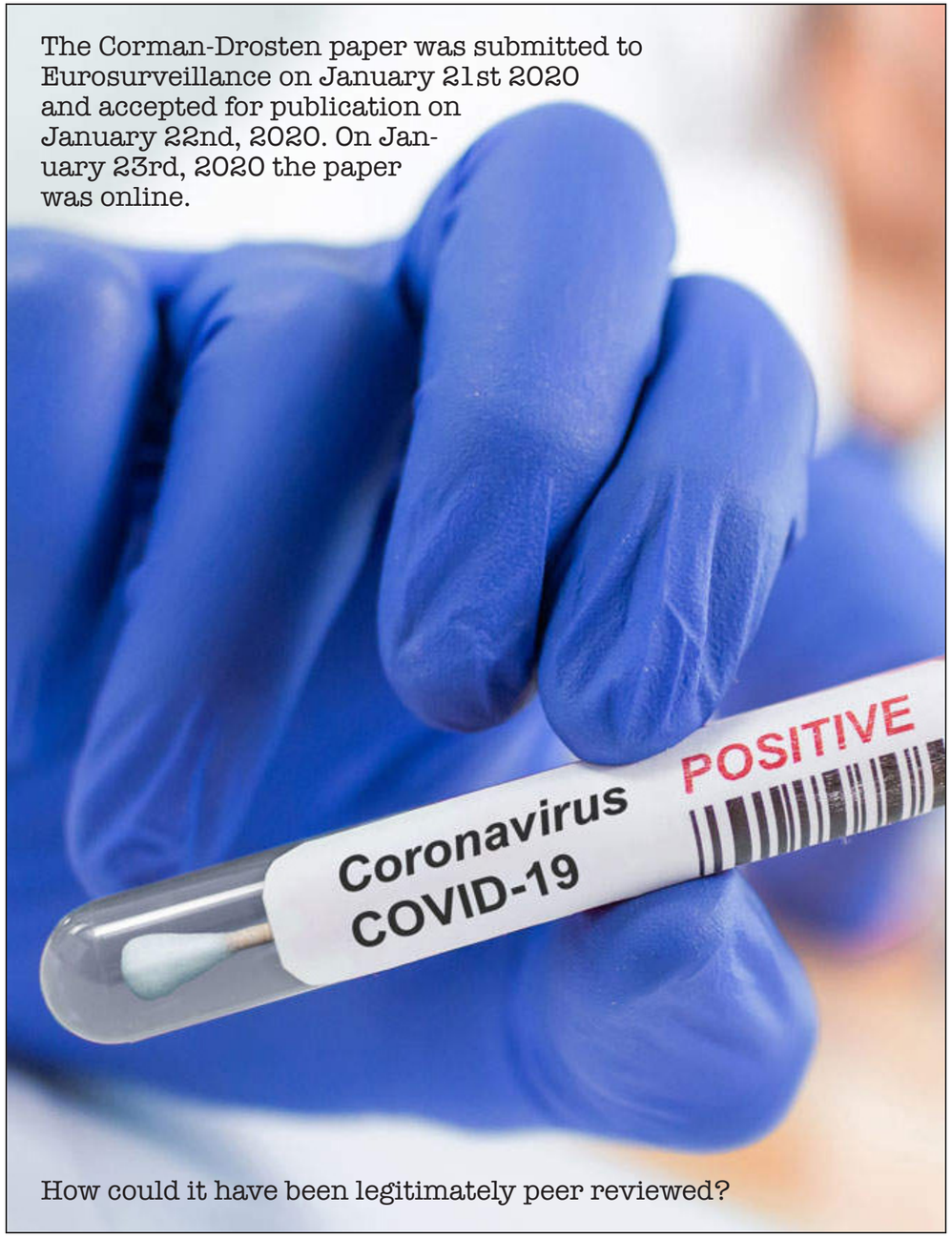
Incredibly, the Drosten test protocol, which he had already sent to WHO in Geneva on 17 January, was officially recommended by WHO as the worldwide test to determine presence of Wuhan coronavirus, even before the paper had been published.

As the critical authors point out, for a subject so complex and important to world health and security, a serious 24-hour "peer review" from at least two experts in the field is not possible. The critics point out that Drosten and his co-author Dr. Chantal Reusken, did not disclose a glaring conflict of interest. Both were also members of the editorial board of Eurosurveillance. Further, as reported by BBC and Google Statistics, on January 21 there were a world total of 6 deaths being attributed to the Wuhan virus. They ask, "*Why did the authors assume a challenge for public health laboratories while there was no substantial evidence at that time to indicate that the outbreak was more widespread than initially thought?*" Another co-author of the Drosten paper that gave a cover of apparent scientific credibility to the Drosten PCR procedure was head of the company who developed the test being marketed today, with the blessing of WHO, in the hundreds of millions, Olfert Landt, of Tib-Molbiol in Berlin, but Landt did not disclose that pertinent fact in the Drosten paper either.

Certainly nothing suspicious or improper here, or? It would be relevant to know if Drosten, the Merkel chief scientific advisor for COVID-19, Germany's de facto "Tony Fauci," gets a percentage for each test sold by Tib-Molbiol in their global marketing agreement with Roche.

False Positives?

Since late January 2020, world mainstream media has inundated us all with frightening hourly updates on "*the total number of coronavirus infected.*" Usually they simply add each daily in-



crease to a global total of "confirmed cases," presently over 66 million. Alarming, but for the fact that, as Pieter Borger and his fellow scientific collaborators point out, "confirmed cases" is a nonsense number. Why?

Fraudulent Covid Data: Inflating the Numbers. "Double-Counting", Manipulation of Test Results
The Borger report identifies what they call "ten fatal problems" in the Drosten paper of last January. Here we take up the most glaring that can easily be grasped by most laypeople.

Drosten & co. gave confusing unspecified primer and probe sequences. The critics note, "This high number of variants not only is unusual, but it also is highly confusing for laboratories. These six unspecified positions could easily result in the design of several different alternative primer sequences which do not relate to SARS-CoV-2… the confusing unspecific description in the Corman-Drosten paper is not suitable as a Standard Operational Protocol. These unspecified positions should have been designed unequivocally." They add that "RT-PCR is not recommended for primary diagnostics of infection. This is why the RT-PCR Test used in clinical routine for detection of COVID-19 is not indicated for COVID-19 diagnosis on a regulatory basis."

Amplification Cycles

But even more damning for Drosten is the fact that he mentioned nowhere of a test being positive or negative, or indeed what defines a positive or negative result! The Borger report notes, "*These types of virological diagnostic tests must be based on a SOP (Standard Operational Protocol), including a validated and fixed number of PCR cycles (Ct value) after which a sample is deemed positive or negative. The maximum reasonably reliable Ct value is 30 cycles. Above a Ct of 35 cycles, rapidly increasing numbers of false positives must be expected… scientific studies show that only non-infectious (dead) viruses are detected with Ct values of 35.*" (emphasis added).

The WHO and Drosten recommend a Ct of 45 cycles and, reportedly, presently the German health officials do as well. Little wonder that as the number of tests is ramped up in the onset of winter flu season, PCR "positives" in Germany and elsewhere explode. As the critical authors point out, were the health authorities to specify 35 cycles maximum, the number of corona positive would be only less than 3% the present number! They note, "*an analytical result with a Ct value of 45 is scientifically and diagnostically absolutely meaningless (a reasonable Ct-value should not exceed 30).*" All this should be communicated very clearly. It is a significant mistake

that the Corman-Drosten paper does not mention the maximum Ct value at which a sample can be unambiguously considered as a positive or a negative test-result. This important cycle threshold limit is also not specified in any follow-up submissions to date. The authors add, "*The fact that these PCR products have not been validated at molecular level is another striking error of the protocol, making any test based upon it useless as a specific diagnostic tool to identify the SARS-CoV-2 virus.*" (emphasis added).

In simple English, the entire edifice of the Gates foundation, the Merkel government, the WHO and WEF as well as the case for de facto forced untested vaccines, rests on results of a PCR test for coronavirus that is not worth a hill of beans. The test of Drosten and WHO is more or less, scientific crap.

Missing Doctor Proof Too?

This devastating critique from twenty three world leading scientists, including scientists who have patents related to PCR, DNA Isolation and Sequencing, and a former Pfizer Chief Scientist, is damning, but not the only problem Professor Dr. Christian Drosten faces today. He and the officials at Frankfurt's Goethe University, where he claims to have received his medical doctorate in 2003, are being accused of degree fraud.

According to Dr. Markus Kühbacher, a specialist investigating scientific fraud such as dissertation plagiarism, Dr. Drosten's doctor thesis, by law must be deposited on a certain date with academic authorities at his University, who then sign a legal form, Revisionsschein, verified with signature, stamp of the University and date, with thesis title and author, to be sent to the University archive. With it, three original copies of the thesis are filed.

Kühbacher charges that the Goethe University is guilty of cover-up by claiming, falsely, Drosten's Revisionsschein, was on file. The University spokesman later was forced to admit it was not filed, at least not locatable by them. Moreover, of the three mandatory file copies of his doctor thesis, highly relevant given the global importance of Drosten's coronavirus role, two copies have "disappeared," and the remaining single copy is water-damaged. Kühbacher says Drosten will now likely face court charges for holding a fraudulent doctoral title.

Whether that is to pass, it is a fact that a separate legal process has been filed in Berlin against

two people responsible for a German media site, Volksverpetzer.de, for slander and defamation, brought by a well-known and critical German medical doctor, Dr. Wolfgang Wodarg.

The court case demands of the defendants €250,000 in damages for defamation of character and material damages to Wodarg by the accused in their online site, as well as in other German media, claiming they viciously and without proof, defamed Wodarg, calling him a "*covid-denier,*" falsely calling him a right-extremist (he is a life-long former parliament member of the Social Democratic Party) and numerous other false and damaging charges.

The attorney for Dr. Wodarg is a well-known German-American attorney, Dr. Reiner Fuellmich. In his charges against the defendants, Fuellmich cites in full the charges against the Drosten test for coronavirus of Dr. Pieter Borger et al noted above.

This is in effect forcing the defendants to refute the Borger paper. It is a major step on the way to refute the entire WHO COVID-19 PCR testing fraud. Already an appeals court in Lisbon, Portugal ruled on 11 November that the PCR test of Drosten and WHO was not valid to detect coronavirus infection and that it was no basis to order nationwide or partial lockdowns.

If the stakes were not so deadly for mankind it would all be material for a comedy of the absurd. The world health Czar, WHO chief Tedros is no medical doctor whose WHO is financed massively by a college dropout billionaire computer manager, Gates, who also advises the Merkel government on COVID-19 measures.

The Merkel government uses the Drosten PCR test and Drosten as an "all-wise" expert to impose the most draconian economic consequences outside wartime. Her Health Minister, Jens Spahn, is a former banker who has no medical degree, only a stint as a lobbyist for Big Pharma. The head of the German CDC, called the Robert Koch Institute, Lothar Wieler, is not a virologist but an animal doctor, Tierarzt.

With this crew, Germans are seeing their lives destroyed by lockdowns and social measures never before imagined. There is science and then there is science. Not all "science" is valid however.



Vaccination, PCR, Contamination & the PCR

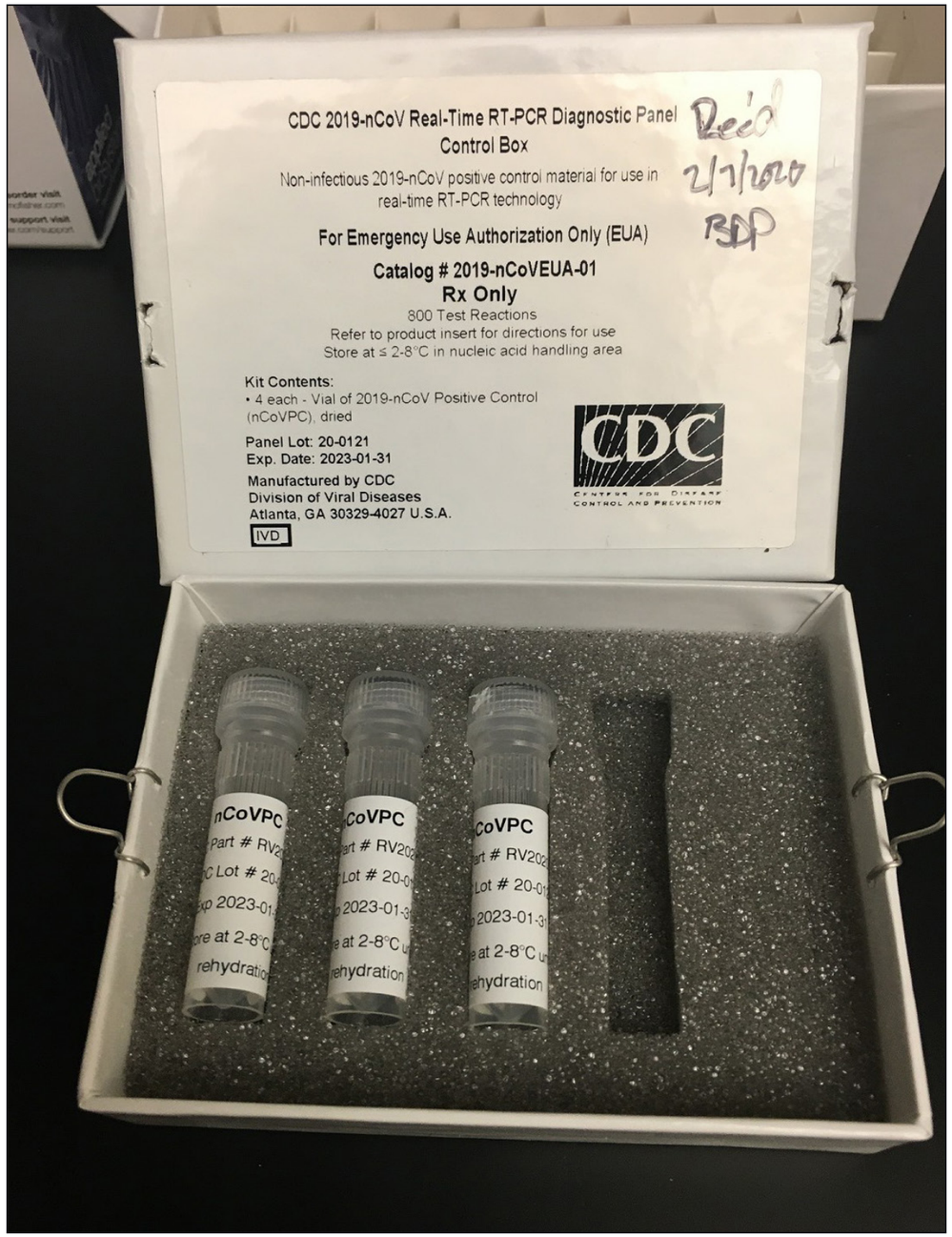
*"**Dissent is crucial for the advancement of science. Disagreement is at the heart of peer review and is important for uncovering unjustified assumptions, flawed methodologies and problematic reasoning**."*

I. de Melo-Martín and K. Intemann
Division of Medical Ethics
Department of Public Health
Weill Cornell Medical College, New York, USA

I watched Dr. Anthony Fauci on mainstream media today expressing his opinion that almost all vaccine adverse events occur within the first 45 days of vaccination and he further stated that it's unheard of to see serious adverse events from vaccines after 45 days and never after several years. This isn't true. It's a lie, as you'll see below. I'm going to cover a lot of ground here and ALL of the material below is based on published, peer reviewed reports. These reports are from the National Institutes Of Health, the original pharmaceutical manufacturers and independent researchers. All comments in quotes come from the published, accepted peer reviewed material.

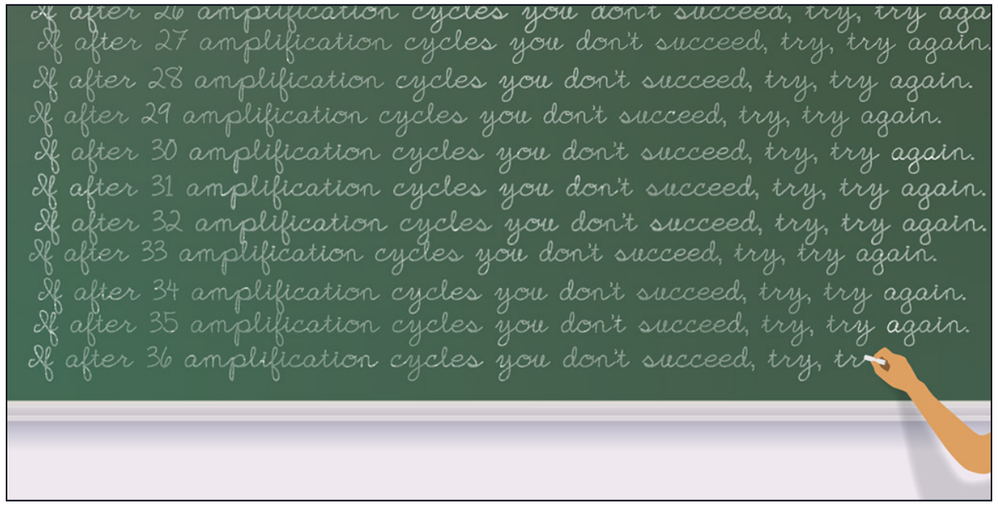
Most of the ingredients in vaccines—including aluminum, mercury, formaldehyde, B2 glycoprotein, Triton X-100®, Polysorbate or Tween 80®, 60 and 20, 2-Phenoxyethanol, etc.—are neurotoxins, toxic to cells, cell structure and neurons. Vaccines are designed such that "tissue damage" is a necessary component of antibody creation to acquire some level of assumed immunity. Tissue damage, cell death or apoptosis are required aspects of vaccination success. The key is to cause tissue damage without damaging the person herself. After 100 years of vaccination science we are still as yet unable to achieve that goal. Vaccine damage is ubiquitous.

There are low-responders and non-responders the medical profession fails to discuss publicly and inform us about. Within every country-population cohort—people that will respond to vaccination with low or zero recognizable titers and whose immune system simply will not "take" to the vaccine—make up a normal and expected percentage of the population. Non- and low-responders can be responsible for outbreaks of disease just as fully vaccinated individuals can acquire and spread the illnesses they were vaccinated for. Vaccination is never, ever 100%



found that "*contamination by animal pestivirus may occur in biological products for human use.*" 24 vaccine samples from Europe, 10 from the USA and 4 from Japan were tested by reverse transcriptase-nested PCR for the presence of pestivirus or pestivirus RNA contamination. Five (13.1%) out of 38 samples were positive for Pestivirus RNA. Contamination of biologics during the manufacturing process is extremely difficult to control and impossible to prevent. When you manufacture a viral product eliminating all pathogenic bacteria and viruses is not possible without risking making the vaccine sterile.

In other words, "*Because the product is itself a is virus, traditional viral clearance steps are gener-*



ally not included in the manufacturing process ..." Or they would kill the product itself.

In 2010 the FDA declared, in peer reviewed literature in the Journal of the American Medical Association, that, "Recently discovered contamination of 2 rotavirus vaccines by pig viruses is unlikely to pose a human health threat, according to the US Food and Drug Administration (FDA)."

In 2010 the Department of Pharmaceutical Sciences, School of Pharmacy, Lake Erie College of Osteopathic Medicine in Bradenton, FL made the following statement: "*A number of currently available vaccines have shown significant differences in the magnitude of immune responses and toxicity in individuals undergoing vaccination.*"

In 2010 When researcher Eric Delwart couldn't find the right email addresses online to contact GlaxoSmithKline (GSK) in early February, he posted a good old-fashioned letter to the Belgian headquarters of the pharma giant to inform the company that one of its vaccines was contaminated with a pig virus.

"*In December 2007, Merck & Co, Inc, initiated a voluntary recall of 10 lots of PedvaxHIB, and 2 lots of COMVAX when the potential of contamination was identified during routine testing of the manufacturing equipment. Merck recommended that providers stop vaccinating children using these vaccine lots.*"

In 2012 a vaccine research group found "traces of PCV1 and PCV2 DNA [pig viruses] in the rotavirus vaccine from manufacturer B. This highlights the issue of vaccine contamination and may impact on vaccine quality control."

I want to ask that you read the following very carefully:

"Medical practitioners in nine countries submitted samples of Gardasil (Merck & Co.) to be tested for the presence of human papillomavirus (HPV) DNA because they suspected that residual recombinant HPV DNA left in the vaccine might have been a contributing factor leading to some of the unexplained post-vaccination side effects. A total of 16 packages of Gardasil were received from Australia, Bulgaria, France, India, New Zealand, Poland, Russia, Spain and the United States. The results showed that all 16 Gardasil samples, each with a different lot number, contained fragments of HPV-11 DNA, or HPV-18 DNA, or a DNA fragment mixture from both genotypes. The detected HPV DNA was found to be firmly bound to the insoluble, proteinase-resistant fraction, presumably of amorphous aluminum hydroxyphosphate sulfate (AAHS) nanoparticles used as adjuvant. The clinical significance of these residual HPV DNA fragments bound to a particulate mineral-based adjuvant is uncertain after intramuscular injection ..."

Why are there measles outbreaks?

In "The role of secondary vaccine failures in Measles outbreaks" the authors find that: "*These*

nine cases represent secondary vaccine failures. An additional four cases occurred in the 13 subjects with primary vaccine failure. We conclude that secondary vaccine failures occur and that while primary failures account for most cases, secondary vaccine failures contribute to the occurrence of measles cases in an epidemic."

In Aseptic meningitis as a complication of mumps vaccination," the authors find that: "A*mong 630,157 recipients of measles-mumps-rubella trivalent (MMR) vaccine containing the Urabe Am9 mumps vaccine, there were at least 311 meningitis cases suspected to be vaccine-related. In 96 of these 311 cases, mumps virus related to the vaccine was isolated from cerebrospinal fluid.*" Obviously we can assuredly assume that the MMR vaccine can cause Aseptic meningitis.

In 1991 the National Institutes of Health found, "***that the evidence is consistent with a causal relation between DPT vaccine and acute encephalopathy, shock and "unusual shock-like state," and between RA 27/3 rubella vaccine and chronic arthritis; and that the evidence indicates a causal relation between DPT vaccine and anaphylaxis, between the pertussis component of DPT vaccine and protracted, inconsolable crying, and between RA 27/3 rubella vaccine and acute arthritis.***"

In 1992 a committee established by the National Academies of Science found that, "***the evidence indicates a causal relation between DTP vaccine and anaphylaxis and between the pertussis componenant to f DTP vaccine and extended periods of inconsolable crying or screaming***."

The committee also reported that the "***evidence indicates a causal relation between the rubella vaccine and acute arthritis in adult women. The committee found the available evidence weaker but still consistent with a causal relation between DTP vaccine and two conditions—acute encephalopathy and hypotonic, hyporesponsive episodes—and between rubella vaccine and chronic arthritis in adult women."***

In 1992 the Division of international Health Medicine at the Institute of Medicine found the following:

"***The committee found that the evidence is consistent with a causal relation between the RA 27/3 rubella vaccine strain and chronic arthritis in adult women ...***"

The COVID vaccine contains polyethylene glycol. The Institute of Preventive and Clinical Medicine found that, Tween 80 (polyethylene glycol) "***accelerated maturation, prolonged the oestrus cycle, and induced persistent vaginal oestrus***."There's something you want to inject, right?

The Department of Immunology at Stockholm University in Sweden found, in 1994, that immunosuppression occurred after the administration of high titer measles vaccines.



Brutal Human Rights Abuses:
Torture, Sanctions and Failure to Address "Economic Rights"

By Rod Driver
January 05, 2021

"Wrong things are done in the name of Islam, worse things are being done in the name of democracy and human rights"
~ Dr. Mohamed Mahathir, former Malaysian Prime Minister (1)

Torture – Legal Black Holes

Some philosophers have suggested that one way to measure how civilized a society has become is to look at how it treats its prisoners.(2) In particular we can look at torture. Torture is considered such an extreme abuse of human rights that it is illegal under international law under all circumstances. This means that no government is allowed to use it, even in wartime. People in advanced nations assume that their governments do not torture prisoners, but it is practised by the US, and was used by Britain in its colonies and in Northern Ireland.

Following the invasion of Afghanistan in 2001, the US government created a prison called Camp X-Ray at Guantanamo Bay in Cuba. By building it outside the United States they hoped that they could ignore existing legal rules regarding the treatment of prisoners. The US also created a new category of prisoner, known as 'unlawful combatant', so that existing international rules regarding the treatment of prisoners-of-war could be ignored. The prisoners there were initially not allowed access to lawyers and were tortured.

An important part of British and US law is that prisoners are presumed to be innocent until proven guilty. Detaining prisoners for years at Guantanamo without a proper trial reverses that assumption. They are effectively presumed guilty, even though there was no evidence against many of them. Camp X-Ray has been described as a legal black hole.(3) The people in Guantanamo Bay were supposed to be the most dangerous people on the planet, yet hundreds of them have been released without trial, indicating that they were not the threat that they were made out to be. Since their release, eight former inmates have gone on to commit crimes, but they had been treated so badly that a senior US intelligence expert said "if they weren't terrorists before they went to Gitmo [Guantanamo Bay], they would have been by the time they came out".(4)

The US also used Abu Ghraib prison in Iraq as a torture centre, where some prisoners were tortured to death. A few US soldiers were prosecuted for this, but the people most responsible, at the highest levels of the US government, were not. The commander of Abu Ghraib later estimated that 90% of prisoners held there were innocent.(5) It is also clear that torture by British soldiers and intelligence agencies still takes place. The British government repeatedly tries to deny its involvement with torture, but it has been standard practice for British intelligence officials to be present and asking questions while people are being tortured in other countries.(6)

Extraordinary Rendition means Kidnapping and Torture

Guantanamo and Abu Ghraib are just the tip of the iceberg. The US has a global network of what are called 'black sites'. These are secret sites where the US intelligence agency, the CIA, can carry out illegal activities, such as torture. They use propaganda to hide their involvement with torture by calling it 'enhanced interrogation techniques.' The US has flown people to other countries, such as Egypt, Morocco, Jordan and Uzbekistan, so that they can be tortured. This is known as extraordinary rendition.(7) European governments originally denied that these flights took place or that they had any knowledge of them, but evidence gradually emerged that European leaders, including British politicians, were not only aware of what was going on, but were also participating in these torture flights by allowing the Americans to use their airstrips for refuelling.(8)

The US and Britain support torture by other governments

Torture is rife throughout the world. Britain and America have been among the leading exporters of torture equipment. Britain has even exported gallows and torture chambers, and the US exports electro-shock devices to regimes that are known to use them for torture.(9) The British ambassador to Uzbekistan until 2004, Craig Murray, complained about the treatment of prisoners by the Uzbek government (one was boiled to death). The Uzbeks were supported by the US and British governments, who were aware of the torture but turned a blind eye.(10) Murray was so disgusted with this that he resigned.

There are no 'ticking bomb' scenarios in the real world

Most mainstream discussion of torture revolves around simplistic notions such as "If there is a bomb about to explode and kill large numbers of people, and we have a prisoner who knows where it is, should we torture him in order to find it?" This is known as "The ticking bomb scenario."(11) When asked this question, most people answer "yes." We have been convinced that under some circumstances, torture is a necessary evil. In the real world, however, torture has nothing to do with ticking bombs. Much of the time it isn't even about extracting information, as it is widely recognized that people will say anything to end the torture. Torture is mostly about ruling through fear. Torture throughout South America in the 1980's or in Abu Ghraib in Iraq is not abuses or excesses carried out by a few wayward individuals. It is part of the system. Torture occurs when rulers (usually dictators or foreign armies that occupy a country) do not have the consent of the people they are governing. They use torture, along with other violent techniques, to create fear in the minds of the population, to help them stay in power.(12)

War by other means:
Sanctions For Some Governments, Support For Others

"We are in the process of destroying an entire society" (Denis Halliday, UN commissioner for Human Rights, talking about sanctions on Iraq(13))

Sanctions are where some limits are placed on trade with a country in order to try to persuade the government of that country to do what 'we' (usually meaning the US) want. They have been described as 'war by other means'. Sanctions were placed on Iraq after the first Gulf War in 1991 and lasted for 12 years.(14) The US claimed that this would stop Iraq's leader, Saddam Hussein, from re-building his weapons systems, and would gradually force him from power.

In fact they stopped him importing essential medicines and components to keep the country's essential services, like the sanitation system, working. The sanctions were described in the US congress as "infanticide [murder of children] masquerading as policy"(15) because hundreds of thousands of children died. In 1996 US Secretary-of-State, Madeleine Albright, demonstrated that she, and many other US officials, are sociopaths, when she said that the deaths of half a million children in Iraq were a price worth paying to get rid of Saddam Hussein.(16)

Two UN commissioners for Human Rights resigned because of the way the US and Britain kept insisting on these sanctions, despite overwhelming evidence that they had little effect on Saddam's hold over the country and had terrible effects on the people.(17) Further evidence regarding the sanctions came to light during a Parliamentary Select Committee in 2007. The British official who had been responsible for Iraq sanctions stated:

"The weight of evidence clearly indicates that sanctions caused massive human suffering among ordinary Iraqis, particularly children. We, the US and UK governments, were the primary engineers and offenders of sanctions and were well aware of this evidence at the time but we largely ignored it or blamed it on the Saddam government. [We] effectively denied the entire population a means to live".(18)

This statement not only tells us about the harm that sanctions cause, but also highlights how politicians and the media try to distort events using propaganda. In this case by trying to convince us that the deaths were caused by Saddam, and not by the sanctions.

Recent sanctions on Syria, Venezuela and Iran are having terrible consequences,(19) with numerous international organisations voicing concern about their effects, but the US government keeps trying to claim that the sanctions do not affect ordinary people. The next time a US or British politician says 'bad things are happening in Venezuela, we must do something', the correct response is to say:

'We must stop doing anything that makes things worse in Venezuela. We must end the existing sanctions, and we must stop trying to destabilise the country to overthrow the government'.

In contrast to this, the US and Britain support other leaders who commit human rights abuses in regions where the US and Britain want to control resources and trade. There seems to be a general rule of thumb "The bigger the crime and the more powerful the villain, the smaller the punishment. If the villain is large enough, criminality disappears".(20) When Jimmy Carter was US President (1977-1981), it was understood that certain important US allies were off-limits to human rights discussions. This included China, South Korea, Taiwan, Vietnam, Saudi Arabia and Egypt. Some of these countries were sufficiently important that they could, literally, get away with murder.(21) The Nigerian government killed local people who objected to the oil company, Shell, destroying their homes whilst drilling for oil. The Columbian government killed union

organisers who objected to Coca-Cola's exploitation. These crimes have been well-documented (and are discussed in more detail in other posts) but they have little impact on US or British support for those governments.

Deny, Deny, Deny

The US and British governments have a long history of denying knowledge of atrocities committed by the regimes that they support. When the government of Idi Amin of Uganda murdered and tortured people in the early 1970's, the British government denied all knowledge, as it was still supplying military training to Amin's soldiers. Files declassified 30 years later show that the British government was fully aware of Amin's crimes.(22) The British government also assisted Pol Pot and the Khmer Rouge, who committed genocide in Cambodia in the 70's, yet the British Prime Minister at the time, Margaret Thatcher, denied this.(23) In the case of the US, some of the world's most notorious torturers, such as Noriega of Panama, were trained by the US military and supported by the US government throughout the 70's and 80's,(24) yet the US government and the CIA repeatedly denied such support.

Former British politician Alan Clark was once interviewed about his role in selling weapons to the Indonesian government, which had used them to massacre huge numbers of people on the island of East Timor. He said he was a vegetarian, but that his concern for the welfare of animals did not extend to the people of East Timor.(25) As far as he was concerned, selling weapons to murderous dictators was reasonable. This interview was a rare glimpse of honesty about foreign policy. A senior politician was admitting that the murder of hundreds of thousands of humans in another country was unimportant. The right of the rich and powerful to control trade and resources trumps everything, including human rights. The people who consistently lose out are the poor.(26)

The Failure To Discuss Economic Rights

The 1948 UN Declaration of Human Rights includes the idea of 'security of person'. As well as meaning that a person has the right not to be shot or tortured, it also means that they have the right not to starve because of inadequate food supplies, or die of easily preventable diseases. As we shall see in later posts, it is the abuse of these economic rights that causes the greatest suffering worldwide. The mainstream media consistently fails to discuss how the global economic system, driven by the US and other advanced nations, puts corporate profits ahead of human lives.

As we have seen in earlier posts, when the US overthrows a government, they want to impose an extreme capitalist economic system, geared towards corporate profit irrespective of the downsides for poor people. In general that system makes poverty worse. The new governments that impose this system know that ordinary people will object, so they torture their opponents. In South America this included economists, psychologists, academics, left-wing party-leaders, trade union leaders, religious leaders, farmers who wanted land reform, and community workers who helped the poor and demanded better services for them.(27) The governments used a combination of military force and political terror to destroy opposition to their rule and to the economic system.(28) During the 1970's, Argentinian generals sent death squads to torture and murder large numbers of civilians. Argentinian journalist Rodolpho Walsh wrote a letter to the generals saying:

"These events [torture and murder]… are not, however, the greatest suffering inflicted on the Argentinian people, nor the worst violation for human rights which you have committed. It is in the economic policy of this government where one discovers… a greater atrocity which punishes millions of people through planned misery".(29)

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Rod Driver is a part-time academic who is particularly interested in de-bunking modern-day US and British propaganda. This is the tenth in a series entitled Elephants In The Room, which attempts to provide a beginners guide to understanding what's really going on in relation to war, terrorism, economics and poverty, without the nonsense in the mainstream media.



CHAPTER NINE

KNOWN VACCINE HARMS

There Is An Unrecognized Global Autoimmune Pandemic

by Jeff Prager

More Americans suffer from Autoimmune Disorders than Cancer and Heart Disease Combined

There is a silent paandemic of enormous proportions composed of Autoimmune Diseases—nearly 100 different illnesses—that have already affected millions of Americans 100s of millions more globally. [1] When I use the word 'silent' I mean you, your doctors and the medical profession we all rely on are virtually unaware of this pandemic while the researchers and scientists that write the peer review have published 1000s of reports on this subject since I first wrote about it in 2016 in ASIA: Autoimmune/Inflammatory Syndrome Induced By Adjuvants. This includes all vaccine adjuvants, leaking breast implants and illegally injected body enhancement oils.

All of these adjuvants can cause Macrophagic Myofaciitis which can then lead to one or more autoimmune and/or inflammatory disorders. This can manifest as little as hours or days after injection and based on current peer review, as long as 23 years later.

Autoimmune Disease is now a major American health problem and it is rapidly becoming a global problem as well; it has reached a pandemic stage. The National Institutes of Health estimate that there are 23.5 million Americans suffering from Autoimmune Disease and the American Autoimmune Related Diseases Association estimates that there are 50 million Americans suffering from one Autoimmune Disease or another.

The NIH includes data from 24 diseases for which good epidemiology studies are available and AARDA uses a wider estimate. Researchers have actually identified 80-100 different Autoimmune Diseases and suspect that another 40+ illnesses have an autoimmune basis. These diseases are generally chronic and often, eventually, deadly.

Autoimmune Disease is now one of the top ten leading causes of death in female children and women in all age groups up to 64 years of age and commonly used immunosuppressant treatments frequently lead to devastating long term side effects. An autoimmune disease diagnosis can be life-threatening. There are critical factors creating obstacles in the diagnosis and treatment of Autoimmune Disease. Symptoms cross many medical specialties and can affect all body organs, the medical education system provides minimal learning about Autoimmune Disease, specialists are often unaware of interrelationships among the different autoimmune diseases or advances in treatment outside their own specialty area, initial symptoms are often intermittent and unspecific until the disease becomes acute and research is generally disease-specific and limited in scope.

Cancer affects 9 million Americans and heart disease affects 22 million Americans which means Autoimmune Disease affects more people in America than any other single illness. Yet research funding for cancer and heart disease ranges in the billions while Autoimmune Disease research funds languish in the low millions. Autoimmune Disease ranked #1 in a top ten list of most popular health topics requested by callers to the National Women's Health Information Center because Autoimmune Disease affects far more women than men.

As an example, we'll begin the following pages with peer review by researchers and scientists from the University of Milan, GlaxoSmithKline, the Milford Molecular Laboratory, the Department of Measles Virus, National Institute of Health in Tokyo, Japan (equivalent to our NIH), the Department of Immunology/Microbiology at Luke's Medical Center in Chicago, the Institute of Medicine, National Academy of Sciences in Washington, DC., the Department of Pediatrics, Sachs' Children's Hospital Stockholm in Sweden, the Department of Internal Medicine, Sheba Medical Center, Tel Hashomer, Israel and the Israel Center for Disease Control at the Gertner Institute for Policy Research in Tel-Hashomer, Israel, among many others.

As you can clearly see, the published, peer reviewed reports on the following pages are from highly respected mainstream sources and based on publication dates, the data has been known by the research community for years and sometimes decades.

In February 2011 in the Journal of Autoimmunity researcher Yehuda Shoenfeld published 'ASIA' - autoimmune/inflammatory syndrome induced by adjuvants and officially established, coined and defined the acronym ASIA. Shoenfeld said, "*In recent years, four conditions: siliconosis, the Gulf war syndrome (GWS), the macrophagic myofasciitis syndrome (MMF) and post-vaccination phenomena were linked with previous exposure to an adjuvant. Furthermore, these four diseases share a similar complex of signs and symptoms which further support a common de- nominator.*

Thus, we review herein the current data regarding the role of adjuvants in the pathogenesis of immune mediated diseases as well as the amassed data regarding each of these four conditions. Relating to the current knowledge we would like to suggest to include these comparable conditions under a common syndrome entitled ASIA, "Autoimmune (Auto-inflammatory) Syndrome Induced by Adjuvants"".

In early 2013, the authors of a textbook on autoimmune diseases concluded that "*there exists persuasive evidence for ASIA*". That was in 2013, seven years ago. As you'll see here, the peer reviewed literature and the scientific community have linked aluminum adjuvants in vaccines directly to various immune and inflammatory disorders in humans over the last 7 years and the overwhelming number of separate reports by a variety of researchers, thousands of published, peer reviewed reports, paints a worrisome picture indeed. Vaccines are causing a pandemic and of the worst kind. Nearly 100 known and suspected Autoimmune and inflammatory diseases affecting 50 million people here in the USA and millions more worldwide makes that inarguable. In April of 2013, Shoenfeld, along with several other researchers, published once again in Expert Review of Clinical Immunology. The group stated, "*The main substances associated with ASIA are squalene (Gulf War syndrome), aluminum hydroxide (postvaccination phenomena, macrophagic myofasciitis) and silicone with siliconosis. Mineral oil, guaiacol and iodine gadital are also associated with ASIA. The following review describes the wide clinical spectrum and pathogenesis of ASIA including defined autoimmune diseases and nonspecific autoimmune manifestations, as well as the outlook of future research in this field.*"

Since then a variety of researchers, both individuals and groups, have published peer reviewed papers helping the research community better understand the relatively recent phenomenon of ASIA. ASIA encompasses a variety of disease symptoms much like Autistic Spectrum Disorder (ASD) encompasses a variety of symptoms and there is sufficient research evidence, also included here, to assume that aluminum in vaccines causes some symptoms related to both ASIA and Autism Spectrum Disorder in susceptible individuals. This PDF collects the best evidence for these assertions as it relates to Aluminum and vaccination. There are other adjuvant and adjuvant-like components of vaccines (squalene, DNA fragments, Polysorbate 80, MSG, etc) that also cause unusual illnesses in humans and these are not all covered here.

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Autoimmune And Inflammatory Disorders Caused By Vaccination

There Are Nearly 100 New Disorders Quietly Affecting 50 Million Americans

An Introduction To The Peer Review by Jeff Prager

The media claims vaccination is a safe and sound medical science. The peer reviewed literature tells a different story entirely. It's a story of a continuing collection of new discoveries in immunity, autoimmunity, brain chemistry, neurology, virology and vaccinology and including a number of other specialties. Aluminum and mercury injected into the human body are both only recently being investigated by the scientific community for safety and all of the issues surrounding injecting either of these metals are still largely unknown. Neither have ever been tested for safety while 1000s of other chemicalshave been tested for human safety with maximum intakes developed. Mercury and Aluminum have never been tested.

Vaccination is a science being applied to each and every one of us very, very liberally and especially so with the vaccine schedule currently approved here in the USA. And we are the single most vaccinated population, by far, on earth. Yet we also have some of the highest rates in the world for the 24 primary and nearly 100 total autoimmune diseases, vaccine contamination notwithstanding.

Autoimmune Diseases encompass an incredible list of symptoms across an enormous number of widely differing disorders that affect every single human body organ and most often, multiple organs.

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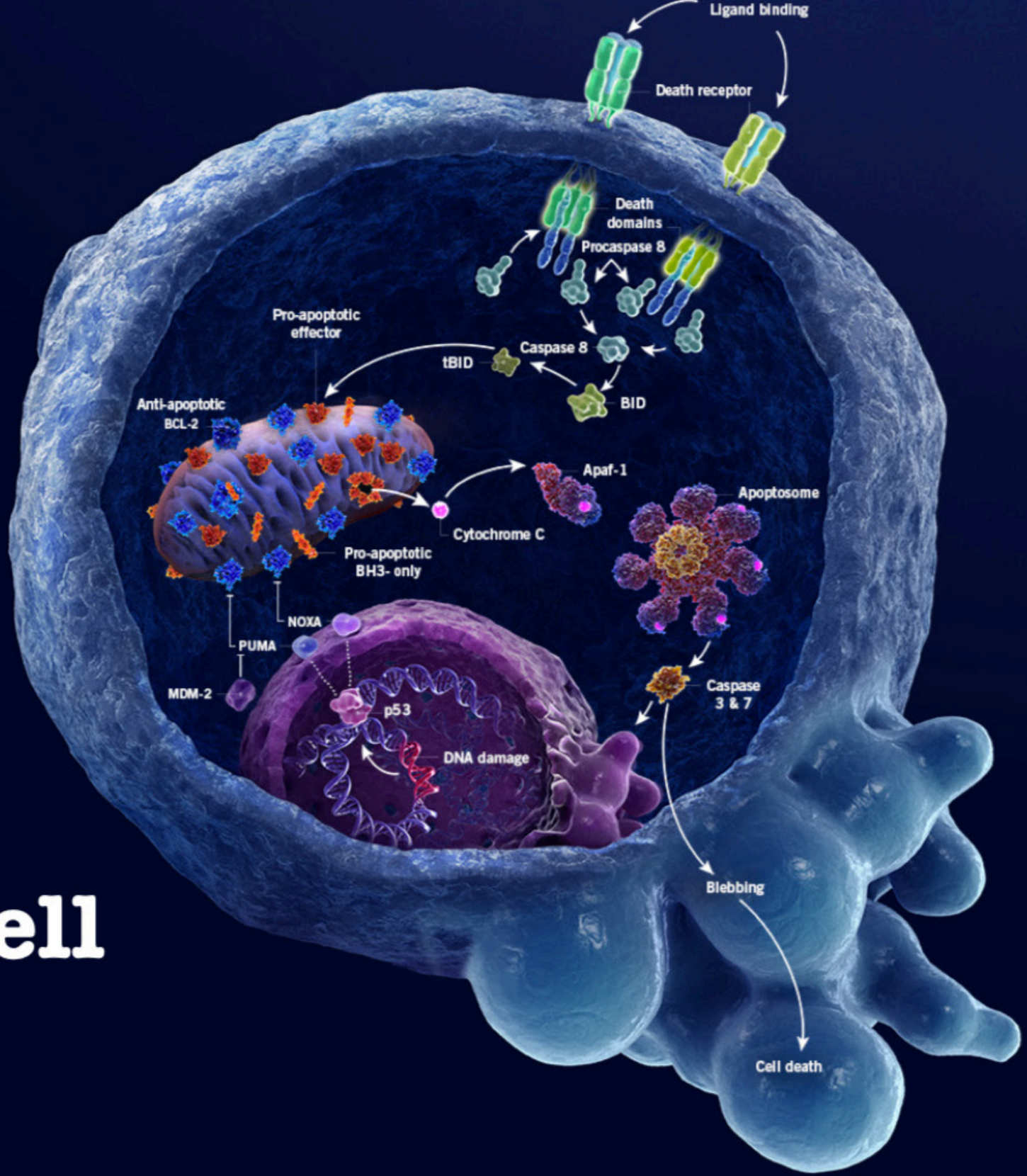
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Macrophagic Myofasciitis (MMF)

Macrophagic myofasciitis (MMF) was reported in 1998. MMF is characterized by post-vaccina-

The Death Of A Cell



tion systemic manifestations as well as local-stereotyped and immunologically active lesion in the site of inoculation (deltoid muscle). MMF systemic symptoms included myalgias, which is pain in various muscle groups, arthralgias, which is joint pain, marked asthenia, which is abnormal weakness and lack of energy, muscle weakness, chronic fatigue, and fever.

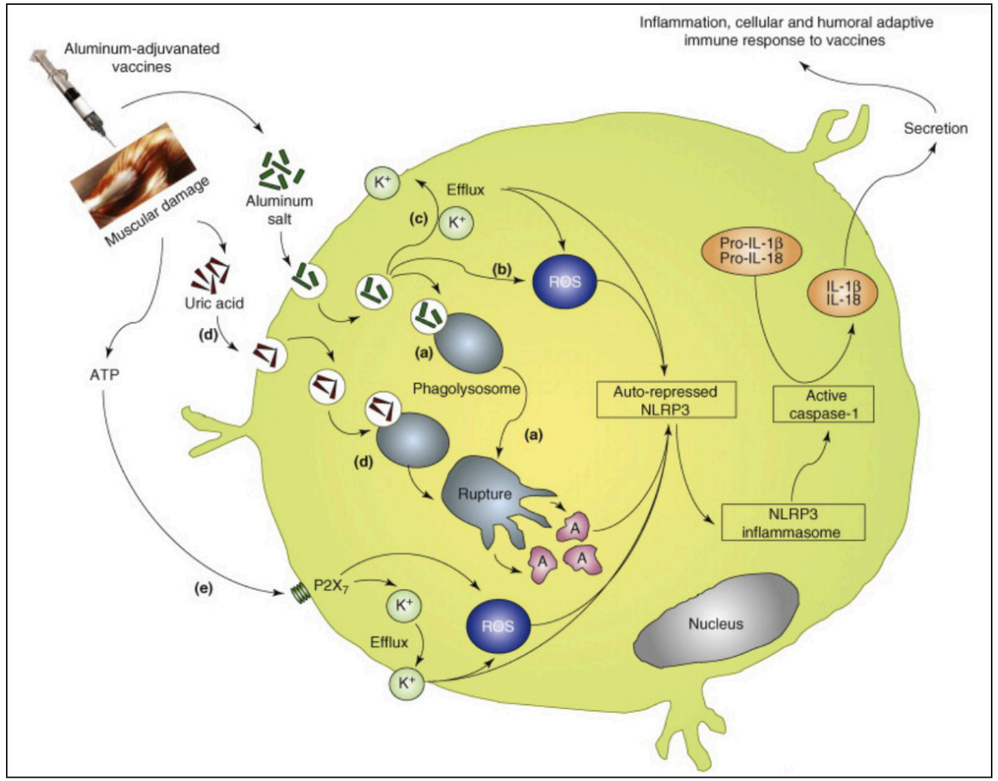
Recently, studies demonstrate that the local lesion at the site of injection is due to persistence for years of an aluminum (Al(OH)3) adjuvant commonly used in human vaccines. Time elapsed from last immunization with an Aluminum-containing vaccine to muscle biopsy range from 3 months to 8 years; in rare cases, MMF may be diagnosed even 10 years post-vaccination. Observations suggest that aluminum-containing vaccinations may trigger MMF in genetically susceptible subjects carrying the HLA-DRB1*01 gene. Thus, MMF may be defined as an emerging novel condition that may be triggered by exposure to alum-containing vaccines, in patients with a specific genetic background, and this temporal association may be exhibited from a few months up to 10 years, or more, later.

Apoptosis & Necrosis

Apoptosis is the process of programmed cell death that may occur in multicellular organisms. Biochemical events lead to characteristic cell changes (morphology) and death. These changes include blebbing, cell shrinkage, nuclear fragmentation, chromatin condensation, chromosomal DNA fragmentation, and global mRNA decay.

In contrast to necrosis, which is a form of traumatic cell death that results from acute cellular injury, apoptosis is a highly regulated and controlled process that confers advantages during an organism's lifecycle. For example, the separation of fingers and toes in a developing human embryo occurs because cells between the digits undergo apoptosis. Unlike necrosis, apoptosis produces cell fragments called apoptotic bodies that phagocytic cells are able to engulf and quickly remove before the contents of the cell can spill out onto surrounding cells and cause damage.

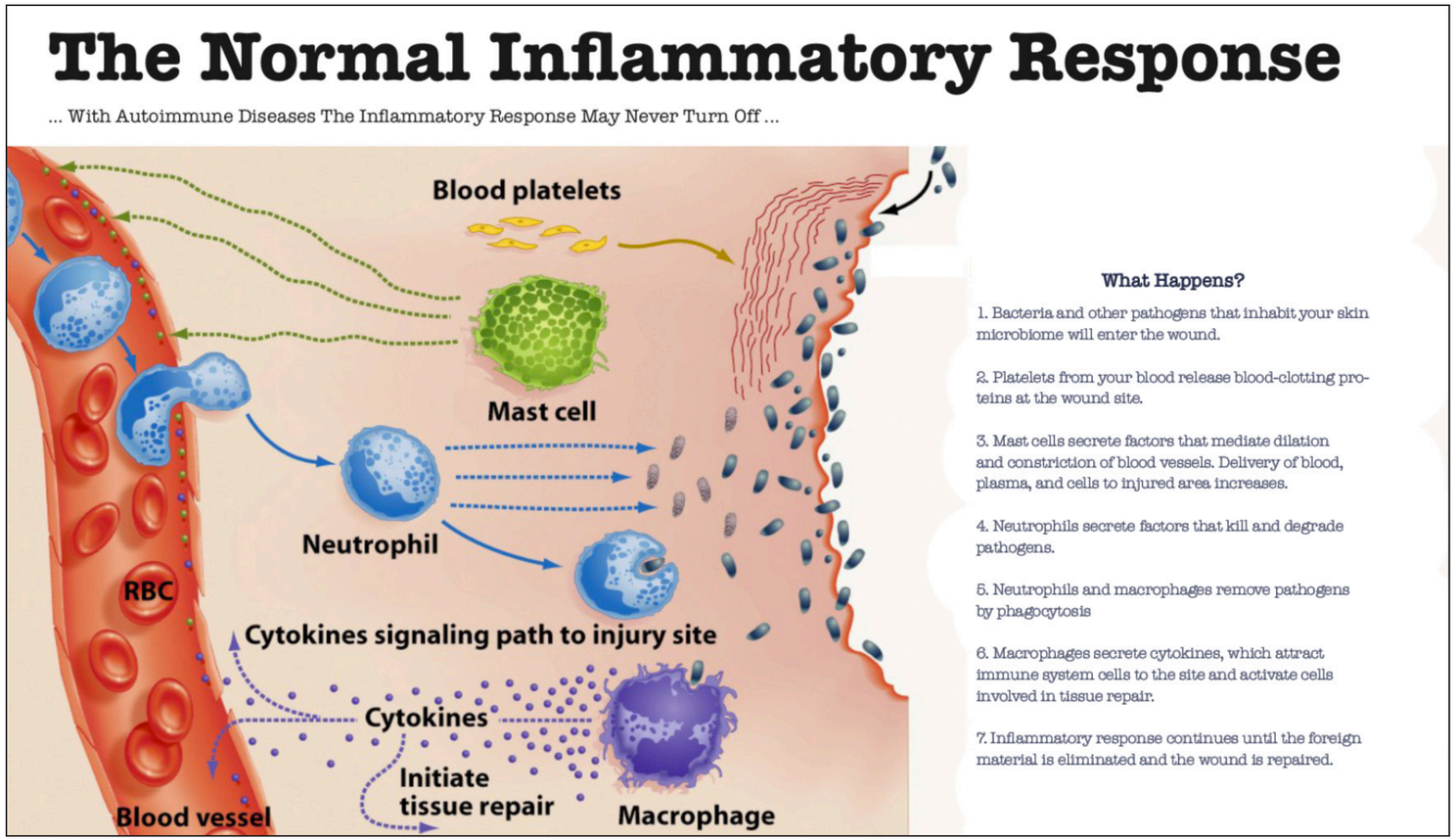
Between 50 and 70 billion cells die each day due to apoptosis in the average human adult. For an average child between the ages of 8 and 14, approximately 20 billion to 30 billion cells die a day. Research in and around apoptosis has increased substantially since the early 1990s. In addition to its importance as a biological phenomenon, defective apoptotic processes have



been implicated in a wide variety of diseases. Excessive apoptosis causes atrophy, whereas an insufficient amount results in uncontrolled cell proliferation, such as cancer.

The extraordinary complexities associated with cellular apoptosis are diagrammed above and while it's not necessary to understand the process, it's important to recognize the intricate and elaborate system that the human being is and how many different junctures, intersections and opportunities there are for things to go wrong within the human body and for those differences to manifest as disease and disorder.

We're learning that a "one-size-fits-all" vaccination policy will, by its very nature, cause severe and long-lasting harm to many of its victims and it's a hard lesson to learn.



Vaccines
How They Work and Don't...

Pictured above is a very basic diagram showing the theory behind vaccination. Although vaccines do seem to work to some degree for a number of people, current research—peer reviewed reports and studies in the fields of immunology, virology, vaccinology, neurology and biology—prove not how much we understand about the science that involves vaccination, but how truly little we really know. If the research in the 100+ studies reproduced in my free eBook, ASIA, is even marginally accurate then we've overdosed generations with a known neurotoxin that is recognized to bioaccumulate in the brain and cause a variety of debilitating disorders that could manifest anytime during our lifetimes, immediately or decades in the future. Not only that, many of our vaccines confer limited population-wide immunity. In other words, for many of us they actually don't work very well at all and for many more of us they don't work for very long.

The sheer complexity of effectively creating human immunity, the significant differences between cell-mediated immunity and humoral immunity, the extraordinary intricacies in the innate and adaptive immune systems and the synergy between the several ingredients in vaccines, other drugs, diet (vitamin and mineral body content), genetic predispositions and environmental contamination (things like lead, glyphoste, cadmium, chloride, fluoride, cigarette smoke, car exhaust, etc.) is not only not known or understood but likely never will be. There are far too many synergies going on withbiological injections (vaccines) to even begin to explore them properly. We're only just now beginning to question previously held beliefs and investigate the affects of injecting aluminum hydroxide and other aluminum salts, squalene, thimerosal and other adjuvants into the human body after assuming for decades that, for example, injecting aluminum was safe. We're slowly finding out now that injecting aluminum is anything but safe. And we're learning a great deal about vaccine contamination, which is ubiquitous and the effects unknown.

And we're learning more every day about the serious drawbacks involved with injecting these various chemicals into the human body. And believe me, there's no rush to research by the scientific community. Even in the dearth of current data, the writing is on the wall. Thimerosal and aluminum salts are not well tolerated by humans and are known to cause a myriad of neurological and other debilitating disorders, especially in those that are variously genetically susceptible. It turns out that vaccination saved us from 8 or 10 tolerable illnesses and created 100s of intolerable disorders in their place and that makes sense now. Vaccination is, after all, like a shot in the dark and as it turns out, vaccinations weren't really the panacea they were once thought to be, after all.

A Macrophage

A macrophage from a mouse stretching its “arms” (pseudopodia) to engulf two particles, possibly pathogens.

Pace Environmental Law Review, vol. 28, no. 2 • 2011

Unanswered Questions A Review of Compensated Cases of Vaccine-Induced Brain Injury

by Mary Holland, Louis Conte, Robert Krakow and Lisa Colin

"Using publicly available information, the investigation shows that the Vaccine Injury Compensation Program (VICP) has been compensating cases of vaccine-induced brain damage associated with autism for more than twenty years. This investigation suggests that officials at HHS, the Department of Justice and the Court of Federal Claims may have been aware of this association but failed to publicly disclose it."

Source: http://www.ebcala.org/unanswered-questions

Biologicals • July 2012

Investigation of porcine circovirus contamination in human vaccines

by Sarah M. Gillilanda, Lindsay Forresta, Heather Carrea, Adrian Jenkinsb, Neil Berryb, Javier Martina, Philip Minora, Silke Schepelmanna

"We found traces of PCV1 and PCV2 DNA in the rotavirus vaccine from manufacturer B. This highlights the issue of vaccine contamination and may impact on vaccine quality control."

Source: http://www.sciencedirect.com/science/article/pii/S1045105612000267

Journal Of Inorganic Biochemistry • December 2012

Detection of human papillomavirus (HPV) L1 gene DNA possibly bound to particulate aluminum adjuvant in the HPV vaccine Gardasil

by Lee SH.
Milford Hospital and Milford Molecular Laboratory
2044 Bridgeport Avenue, Milford, CT

"Medical practitioners in nine countries submitted samples of Gardasil (Merck & Co.) to be tested for the presence of human papillomavirus (HPV) DNA because they suspected that residual recombinant HPV DNA left in the vaccine might have been a contributing factor leading to some of the unexplained post-vaccination side effects. A total of 16 packages of Gardasil were received from Australia, Bulgaria, France, India, New Zealand, Poland, Russia, Spain and the United States. The results showed that all 16 Gardasil samples, each with a different lot number, contained fragments of HPV-11 DNA, or HPV-18 DNA, or a DNA fragment mixture from both genotypes. The detected HPV DNA was found to be firmly bound to the insoluble, proteinase-resistant fraction, presumably of amorphous aluminum hydroxyphosphate sulfate (AAHS) nanoparticles used as adjuvant. The clinical significance of these residual HPV DNA fragments bound to a particulate mineral-based adjuvant is uncertain after intramuscular injection ..."

Source: http://www.ncbi.nlm.nih.gov/pubmed/23078778

Human Vaccines And Immunotherapy • November 2013

Investigation of a regulatory agency enquiry into potential porcine circovirus type 1 contamination of the human rotavirus vaccine, Rotarix: approach and outcome

by Dubin G1, Toussaint JF, Cassart JP, Howe B,
Boyce D, Friedland L, Abu-Elyazeed R, Poncelet S, Han HH, Debrus S.
GlaxoSmithKline Vaccines; King of Prussia, PA USA

"In January 2010, porcine circovirus type 1 (PCV1) DNA was unexpectedly detected in the oral live-attenuated human rotavirus vaccine, Rotarix (GlaxoSmithKline [GSK] Vaccines) by an academic research team investigating a novel, highly sensitive analysis not routinely used for adventitious agent screening."

Source: http://www.ncbi.nlm.nih.gov/pubmed/24056737

Biologicals • November 2013

Detection of contaminants in cell cultures, sera and trypsin

by Pinheiro de Oliveira TF1, Fonseca AA Jr, Camargos MF,
de Oliveira AM, Pinto Cottorello AC, Souza Ados R, de Almeida IG, Heinemann MB.
Laboratório de Biologia Molecular/Laboratório de Diagnóstico de Doenças Virais Laboratório Nacional Agropecuário de Minas Gerais, Pedro Leopoldo, Minas Gerais, Brazil

"The results showed the occurrence of the following as DNA cell culture contaminants: 34.1% for mycoplasma, 35.2% for porcine circovirus, 23.9% for bovine viral diarrhea virus RNA and 2.3% for bovine leukemia virus. The results demonstrated that cell culture, sera and trypsin used by different laboratories [to manufacture vaccines] show a high rate of contaminants.

Pediatric Infectious Disease Journal • March 1991

Aseptic meningitis as a complication of mumps vaccination

by Sugiura A1, Yamada A.
Department of Measles Virus National Institute of Health Tokyo, Japan

"Among 630,157 recipients of measles-mumps-rubella trivalent (MMR) vaccine containing the Urabe Am9 mumps vaccine, there were at least 311 meningitis cases suspected to be vaccine-related. In 96 of these 311 cases, mumps virus related to the vaccine was isolated from cerebrospinal fluid."

Source: http://www.ncbi.nlm.nih.gov/pubmed/2041668

Lancet • September 1991

Chronic fatigue syndrome: clinical condition associated with immune activation

by Landay AL1, Jessop C, Lennette ET, Levy JA.
Department of Immunology/Microbiology
Rush-Presbyterian-St. Luke's Medical Center Chicago, Illinois

"No correlation of these findings in chronic fatigue syndrome (CFS) patients with any known human viruses could be detected by serology. The findings suggest that immune activation [by vaccine] is associated with many cases of CFS."

Source: http://www.ncbi.nlm.nih.gov/pubmed/?term=1679864

Washington DC National Academies Press (US) 1991 The National Academies Collection

Reports funded by National Institutes of Health

Howson CP, Howe CJ, Fineberg HV, editors

Adverse Effects of Pertussis and Rubella Vaccines: A Report of the Committee to Review the Adverse Consequences of Pertussis and Rubella Vaccines

"that the evidence is consistent with a causal relation between DPT vaccine and acute encephalopathy, shock and "unusual shock-like state," and between RA 27/3 rubella vaccine and chronic arthritis; and that the evidence indicates a causal relation between DPT vaccine and anaphylaxis, between the pertussis component of DPT vaccine and protracted, inconsolable crying, and between RA 27/3 rubella vaccine and acute arthritis." [RA 27/3 rubella is still in use today]

Source: http://www.ncbi.nlm.nih.gov/pubmed/25121241

JAMA • January 1992

Adverse events following pertussis and rubella vaccines Summary of a report of the Institute of Medicine

by Howson CP1, Fineberg HV.

Institute of Medicine National Academy of Sciences Washington, DC 20418

"The committee found that the evidence indicates a causal relation between DTP vaccine and anaphylaxis and between the pertussis component of DTP vaccine and extended periods of inconsolable crying or screaming. The committee also reported that the evidence indicates a causal relation between the rubella vaccine and acute arthritis in adult women. The committee found the available evidence weaker but still consistent with a causal relation between DTP vaccine and two conditions—acute encephalopathy and hypotonic, hyporesponsive episodes—and between rubella vaccine and chronic arthritis in adult women."

Source: http://www.ncbi.nlm.nih.gov/pubmed/1727962

Clinical Infectious Disease • August 1992

Chronic arthritis after rubella vaccination

by Howson CP1, Katz M, Johnston RB Jr, Fineberg HV.

Division of International Health Institute of Medicine Washington, D.C. 20418

"The committee found that the evidence is consistent with a causal relation between the RA 27/3 rubella vaccine strain and chronic arthritis in adult women ..."

Source: http://www.ncbi.nlm.nih.gov/pubmed/1520764

National Academies Press US • 1994

DPT Vaccine and Chronic Nervous System Dysfunction: A New Analysis Institute of Medicine US Committee to Study New Research on Vaccines

by Kathleen R. Stratton, Cynthia J. Howe, and Richard B. Johnston, Jr.

Washington, DC

The committee posits three plausible scenarios whereby the acute neurologic illnesses that follow DPT might be related to chronic nervous system dysfunction.

1. DPT administration might cause serious acute neurologic illness and subsequent chronic dysfunction in children who otherwise might not have experienced either an acute neurologic illness or chronic dysfunction in the absence of DPT.

2. DPT might trigger (and thereby be an immediate or proximate cause) an acute neurologic illness and subsequent chronic dysfunction in children with underlying brain or metabolic abnormalities. Such children might experience acute neurologic illness and subsequent chronic dysfunction in association with some trigger other than DPT.

3. DPT might cause an acute neurologic illness in children with underlying brain or metabolic abnormalities that would themselves eventually have led to chronic dysfunction even in the absence of an acute neurologic illness. In particular, it should be noted that the long-term dysfunctions associated with DPT followed a serious acute neurologic illness that occurred in children within 7 days after receiving DPT.

Source: http://www.ncbi.nlm.nih.gov/books/NBK225452/

Vaccine • April 1994

Adverse reactions after diphtheria-tetanus booster in 10-year-old schoolchildren in relation to the type of vaccine given for the primary vaccination

by Blennow M1, Granström M, Strandell A.
1Department of Pediatrics Sachs' Children's Hospital Stockholm, Sweden

"This prospective open study investigated adverse reactions in 527 schoolchildren to a diphtheria-tetanus (DT) booster ... The most likely cause for the increase seems to be the aluminium adjuvant in the vaccine given for primary vaccination, a late and unexpected consequence of a change in the infant immunization programme."

Source: http://www.ncbi.nlm.nih.gov/pubmed/?term=8023551

JAMA • May 1994

Adverse events associated with childhood vaccines other than pertussis and rubella. Summary of a report from the Institute of Medicine

by Stratton KR1, Howe CJ, Johnston RB Jr.
Institute of Medicine, National Academy of Sciences Washington, DC

"The committee found that the evidence favored acceptance of a causal relation between diphtheria and tetanus toxoids and Guillain-Barré syndrome and brachial neuritis, between measles vaccine and anaphylaxis, between oral polio vaccine and Guillain-Barré syndrome, and between unconjugated Hib vaccine and susceptibility to Hib disease. The committee found that the evidence established causality between diphtheria and tetanus toxoids and anaphylaxis, between measles vaccine and death from measles vaccine-strain viral infection, between measles-mumps-rubella vaccine and thrombocytopenia and anaphylaxis, between oral polio vaccine and poliomyelitis and death from polio vaccine-strain viral infection, and between hepatitis B vaccine and anaphylaxis."

Source: http://www.ncbi.nlm.nih.gov/pubmed/8182813

Epidemiology • November 1997

Is infant immunization a risk factor for childhood asthma or allergy?

by Kemp T1, Pearce N, Fitzharris P, Crane J, Fergusson D, St George I, Wickens K, Beasley R.
1Department of Medicine Wellington School of Medicine
New Zealand

"The 23 children who received no diphtheria/pertussis/tetanus (DPT) and polio immunizations had no recorded asthma episodes or consultations for asthma or other allergic illness before age 10 years; in the immunized children, 23.1% had asthma episodes, 22.5% asthma consultations, and 30.0% consultations for other allergic illness. Similar differences were observed at ages 5 and 16 years."

Source: http://www.ncbi.nlm.nih.gov/pubmed/9345669

Pediatrics Volume 101 • Issue 3 • March 1998

Acute Encephalopathy Followed by Permanent Brain Injury or Death Associated With Further Attenuated Measles Vaccines: A Review of Claims Submitted to the National Vaccine Injury Compensation Program

by Robert E. Weibel, Vito Caserta, David E. Benor, Geoffrey Evans

"A total of 48 children, ages 10 to 49 months, met the inclusion criteria after receiving measles vaccine, alone or in combination. Eight children died, and the remainder had mental regression and retardation, chronic seizures, motor and sensory deficits, and movement disorders. This clustering suggests that a causal relationship between measles vaccine and encephalopathy may exist as a rare complication of measles immunization."

Source: http://www.ncbi.nlm.nih.gov/pubmed/9481001

Acta Virologica • June 1998

Neurologic complications associated with oral poliovirus vaccine and genomic variability of the vaccine strains after multiplication in humans

by Friedrich F.
Departamento de Virologia Instituto Oswaldo Cruz/FIOCRUZ
Rio de Janeiro, RJ, Brazil

"Molecular biology studies of polioviruses isolated from stool and central nervous system (CNS) of patients with VAPP have confirmed the vaccine origin of the isolates and demonstrated genomic modifications known or suspected to increase the neurovirulence. Similar genomic modifications have also been identified in OPV-derived strains isolated from healthy vaccinees and healthy contacts, suggesting that host factors are also involved in the establishment of poliomyelitis. Other neurologic complications such as meningitis, encephalitis, convulsions, transverse myelitis and Guillain-Barré syndrome have also been rarely associated with the use of this vaccine."

Source: http://www.ncbi.nlm.nih.gov/pubmed/9842449

Lancet • August 1998

Macrophagic myofasciitis: an emerging entity

Groupe d'Etudes et Recherche sur les Maladies Musculaires Acquises et Dysimmunitaires (GERMMAD) de l'Association Française contre les Myopathies (AFM)

by Gherardi RK1, Coquet M, Chérin P, Authier FJ, Laforêt P, Bélec L, Figarella-Branger D, Mussini JM, Pellissier JF, Fardeau M.
Université Paris XII-Val de Marne Département de Pathologie
Hôpital Henri Mondor Créteil, France

"A new inflammatory muscle disorder of unknown cause, characterised by a distinctive pathological pattern of macrophagic myofasciitis, is emerging in France."

Source: http://www.ncbi.nlm.nih.gov/pubmed/?term=9717921

Scandinavian Journal Of Immunology • January 1999

Identification of arthritogenic adjuvants of self and foreign origin

Author information Lorentzen JC.
Department of Medicine
Karolinska Hospital Karolinska Institute, Stockholm, Sweden

"The observed pathogenicity of organic lipids raised the question of whether endogenous lipids can also precipitate arthritis. Indeed, this was true for the cholesterol precursor squalene ..."

Source: http://www.ncbi.nlm.nih.gov/pubmed/?term=10023856

Epidemiology • May 1999

Hepatitis B vaccine and liver problems in U.S. children less than 6 years old 1993 and 1994

by Fisher MA1, Eklund SA.
Department of Epidemiology University of Michigan
Ann Arbor 48109, USA

"Hepatitis B vaccinated children had an unadjusted odds ratio of 2.94 and age-adjusted odds ratio of 2.35 for liver problems compared with non-hepatitis B vaccinated children in the 1993 National Health Interview Survey."

Source: http://www.ncbi.nlm.nih.gov/pubmed/10230847

Vaccination and autoimmunity- 'vaccinosis': a dangerous liaison?

by Shoenfeld Y1, Aron-Maor A.
Department of Internal Medicine B, Sheba Medical Center
Tel Hashomer, Israel

"Even though the data regarding the relation between vaccination and autoim-

mune disease is conflicting, it seems that some autoimmune phenomena are clearly related to immunization (e.g. Guillain-Barre syndrome)."

Source: http://www.ncbi.nlm.nih.gov/pubmed/10648110

Journal Of Manipulative And Physiological Therapeutics • February 2000

Effects of diphtheria-tetanus-pertussis or tetanus vaccination on allergies and allergy-related respiratory symptoms among children and adolescents in the United States

by Hurwitz EL1, Morgenstern H.

"DTP or tetanus vaccination appears to increase the risk of allergies and related respiratory symptoms in children and adolescents."

Source: http://www.ncbi.nlm.nih.gov/pubmed/?term=10714532

American Journal Of Epidemiology • March 2000

Outbreak of aseptic meningitis associated with mass vaccination with a urabe-containing measles-mumps-rubella vaccine: implications for immunization programs

by Dourado I1, Cunha S, Teixeira MG, Farrington CP, Melo A, Lucena R, Barreto ML.
Instituto de Saúde Coletiva Universidade Federal da Bahia Salvador, Brazil

"An elevated risk of aseptic meningitis was observed 3 weeks after Brazil's national vaccination day compared with the risk in the prevaccination period (relative risk = 14.3; 95% confidence interval: 7.9, 25.7). This result was confirmed by a case series analysis (relative risk = 30.4; 95% confidence interval: 11.5, 80.8). The estimated risk of aseptic meningitis was 1 in 14,000 doses. This study confirms a link between measles-mumps-rubella vaccination and aseptic meningitis."

Full Report: http://aje.oxfordjournals.org/content/151/5/524.long

The Israel Medical Association Journal • March 2000

Gender differences in the reactogenicity of measles-mumps-rubella vaccine

by Shohat T1, Green MS, Nakar O, Ballin A, Duvdevani P, Cohen A, Shohat M.
Israel Center for Disease Control Gertner Institute for Policy Research Tel-Hashomer, Israel

"Our findings demonstrate higher rates of adverse effects in females following vaccination with MMR vaccine, irrespective of the humoral response. This study emphasizes the need to consider possible gender differences when evaluating new vaccines."

Full Report: http://www.ima.org.il/FilesUpload/IMAJ/0/61/30887.pdf

Digestive Diseases And Science • April 2000

Detection and sequencing of measles virus from peripheral mononuclear cells from patients with inflammatory bowel disease and autism

by Kawashima H1, Mori T, Kashiwagi Y, Takekuma K, Hoshika A, Wakefield A.
Department of Paediatrics Tokyo Medical University, Japan

"The sequences obtained from the patients with ulcerative colitis and children with autism were consistent with being vaccine strains. The results were concordant with the exposure history of the patients. Persistence of measles virus was confirmed in PBMC in some patients with chronic intestinal inflammation."

Source: http://www.ncbi.nlm.nih.gov/pubmed/10759242

Brain • May 2001

Central nervous system disease in patients with macrophagic myofasciitis

by Authier FJ1, Cherin P, Creange A, Bonnotte B, Ferrer X, Abdelmoumni A, Ranoux D, Pelletier J, Figarella-Branger D, Granel B, Maisonobe T, Coquet M, Degos JD, Gherardi RK.
Groupe d'Etudes et de Recherches sur le Muscle et le Nerf (GERMEN, EA Université Paris XII-Val de Marne) Faculté de Médecine de Créteil, Département de Pathologie Hôpital Henri Mondor, AP-HP, Créteil, France

"Macrophagic myofasciitis (MMF), a condition newly recognized in France, is manifested by diffuse myalgias and characterized by highly specific myopathological alterations which have recently been shown to represent an unusually persistent local reaction to intramuscular injections of aluminium-containing vaccines. Among 92 MMF patients recognized so far, eight of them, which included the seven patients reported here, had a symptomatic demyelinating Central Nervous System disorder."

Source: http://brain.oxfordjournals.org/content/124/5/974

Acta Paediatrica • August 2001

Adverse events following vaccination in premature infants

by S Sen1, Y Cloete2, K Hassan1 andP Buss1,
Department of Paediatrics and Neonatology
Royal Gwent Hospital, Newport, UK Nevill Hall Hospital, Abergavenny, UK
Royal Gwent Hospital, Cardiff Road, Newport NP9 2UB, UK

"Vaccine-related cardiorespiratory events are relatively common in preterm babies."

Source: http://onlinelibrary.wiley.com/doi/10.1111/j.1651-2227.2001.tb02457.x/abstract

Clinical Immunology • September 2001

Infection of human B lymphocytes with MMR vaccine induces IgE class switching

by Imani F1, Kehoe KE.
Division of Clinical Immunology
Department of Medicine The Johns Hopkins University School of Medicine
Asthma and Allergy Center, 5501 Hopkins Bayview Circle Baltimore, Maryland 21224, USA

"Circulating immunoglobulin E (IgE) is one of the characteristics of human allergic diseases including allergic asthma. We recently showed that infection of human B cells with rhinovirus or measles virus could lead to the initial steps of IgE class switching. Our data suggest that a potential side effect of vaccination with live attenuated viruses may be an increase in the expression of IgE." [Based on these findings, the authors concluded that viral vaccines might be playing a role in the increasing incidence of asthma and other allergic diseases]

Source: http://www.ncbi.nlm.nih.gov/pubmed/11513549

Current Opinions In Neurology • June 2002

Neurological adverse events associated with vaccination

by Piyasirisilp S1, Hemachudha T.
Division of Neurology, Department of Medicine Chiang Mai University
Chiang Mai 50200, Thailand

"These complications include autism (measles vaccine), multiple sclerosis (hepatitis B vaccine), meningoencephalitis (Japanese encephalitis vaccine), Guillain-Barré syndrome and giant cell arteritis (influenza vaccine), and reactions after exposure to animal rabies vaccine. Seizures and hypotonic/hyporesponsive episodes following pertussis vaccination and potential risks associated with varicella vaccination, as well as vaccine-associated paralytic poliomyelitis following oral poliovirus vaccination, are also described."

Source: http://www.ncbi.nlm.nih.gov/pubmed/?term=12045734

Journal Of Biomedical Science • July 2002

Abnormal measles-mumps-rubella antibodies and CNS autoimmunity in children with autism

by Singh VK1, Lin SX, Newell E, Nelson C.
Department of Biology and Biotechnology Center
Utah State University, Logan, Utah 84322, USA

"... over 90% of MMR antibody-positive autistic sera were also positive for MBP autoantibodies, suggesting a strong association between MMR and CNS autoimmunity in autism. Stemming from this evidence, we suggest that an inappropriate antibody response to MMR, specifically the measles component thereof, might be related to pathogenesis of autism."

Source: http://www.ncbi.nlm.nih.gov/pubmed/12145534

Revue Neurologique, Paris • February 2003

Lessons from macrophagic myofasciitis: towards definition of a vaccine adjuvant-related syndrome

by Gherardi RK.
Groupe Nerf-Muscle
Département de Pathologie Hôpital Henri Mondor, Créteil

"Macrophagic myofasciitis is a condition first reported in 1998, which cause remained obscure until 2001. Over 200 definite cases have been identified in France, and isolated cases have been re- corded in other countries [many thousands of cases have since been identified]. Electron microscopy, microanalytical studies, experimental procedures, and an epidemiological study recently demonstrated that the lesion is due to persistence for years at site of injection of an aluminum adjuvant used in vaccines against hepatitis B virus, hepatitis A virus, and tetanus toxoid ... If safety concerns about long-term effects of aluminium hydroxide are confirmed it will become mandatory to propose novel and alternative vaccine adjuvants to rescue vaccine-based strategies ..."

Source: http://www.ncbi.nlm.nih.gov/pubmed/12660567

International Journal of Environmental Research and Public Health • January 2015

Exposure to mercury and aluminum in early life: developmental vulnerability as a modifying factor in neurologic and immunologic effects

by by JG Dorea
Department of Nutrition, Faculty of Health Sciences
Universidade de Brasilia, 70919-970 DF Brasilia, Brazil

"Currently, ethylmercury (EtHg) and adjuvant-Al are the dominating interventional exposures encountered by fetuses, newborns, and infants due to immunization with Thimerosal-containing vaccines (TCVs). Despite their long use as active agents of medicines and fungicides, the safety levels of these substances have never been determined, either for animals or for adult humans—much less for fetuses, newborns, infants, and children."

Source: http://www.ncbi.nlm.nih.gov/pubmed/25625408



Autoimmune Syndromes
and
Inflammatory Syndromes

Caused By Adjuvants
In Vaccines

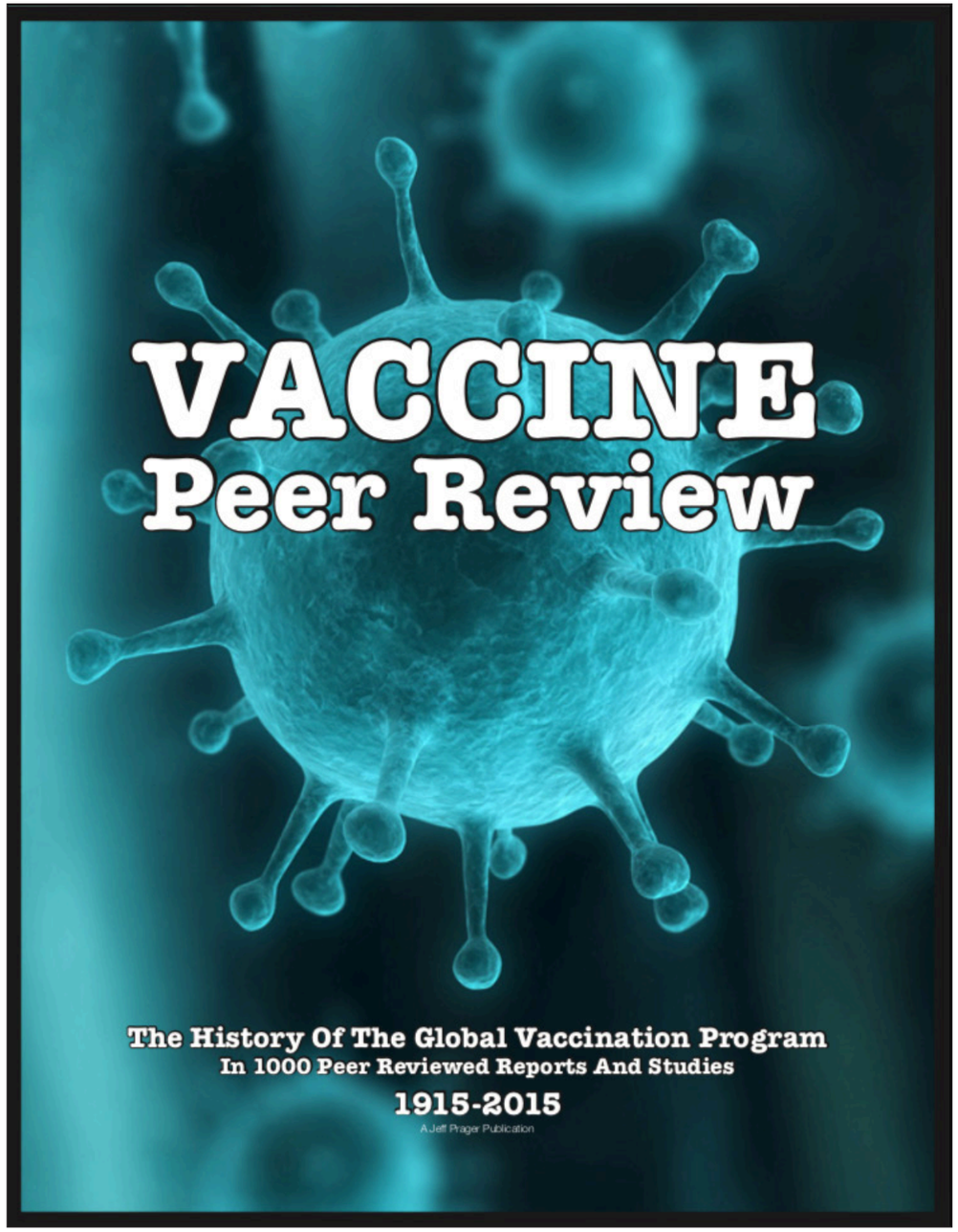
Also Known As

ASIA

A Two Smoking Guns Publication
Produced by Jeff Prager



Anarchy Books
Renegade Publishing



The Normal Inflammatory Response
... With Autoimmune Diseases
The Inflammatory Response May Never Turn Off ...
What Happens Then?

1. Bacteria and other pathogens that inhabit your skin microbiome will enter the wound.
2. Platelets from your blood release blood-clotting pro- teins at the wound site.
3. Mast cells secrete factors that mediate dilation and constriction of blood vessels. Delivery of blood, plasma, and cells to injured area increases.
4. Neutrophils secrete factors that kill and degrade pathogens.
5. Neutrophils and macrophages remove pathogens by phagocytosis
6. Macrophages secrete cytokines, which attract immune system cells to the site and activate cells involved in tissue repair.
7. Inflammatory response continues until the foreign material is eliminated and the wound is repaired.

From the Journal Presse Medicale • February 2000

Macrophagic Myofasciitis

Study and Research Group on Acquired and Dysimmunity-related muscular diseases
(GERMMAD)
Chérin P, Laforêt P, Ghérardi RK, Authier FJ, Maisonobe T, Coquet M,
Mussini JM, Pellissier JF, Eymard B, Herson S.
Service de Médecine Interne, Groupe Hospitalier Pitié-Salpêtrière,Paris
patrick.cherin@psl.ap-hop-paris.fr

"A newonflmmtory muscle disorder chaeaacterized by a uqinique pathological pt-tern of macrophagic myopfacootos is emerging in France."

http://www.ncbi.nlm.nih.gov/pubmed/10705901

From the Journal Lupus • September 2015

Human adjuvant-related syndrome or autoimmune/inflammatory syndrome induced by adjuvants. Where have we come from? Where are we going? A proposal for new diagnostic criteria.

by Alijotas J and Reig J.
Systemic Autoimmune Disease Unit, Department of Internal Medicine I,
Vall d'Hebron UniversityHospital, Faculty of Medicine, Universitat Autonoma, Barcelona, Spain
jar@comb.es and jalijotas@vhebron.net

"Since then, the literature has been flooded with case reports and case series of granulomatous and systemic autoimmune disorders related to vaccines ..."

http://www.ncbi.nlm.nih.gov/pubmed/25813870

From the Journal Immunological Research • July 2013

Aluminum in the central nervous system (CNS): toxicity in humans and animals, vaccine adjuvants, and autoimmunity

Shaw CA, Tomljenovic L.

"In young children, a highly significant correlation exists between the number of pediatric aluminum-adjuvanted vaccines administered and the rate of autism spectrum disorders. Many of the features of aluminum-induced neurotoxicity may arise, in part, from autoimmune neirotoxictity may aise, in part, from autoimmune reactions, as part of the ASIA syndrome."

http://www.ncbi.nlm.nih.gov/pubmed/23609067

From the Journal of Trace Elements in Medicine and Biology • October 2012

Aluminium overload after 5 years in skin biopsy following post-vaccination with subcutaneous pseudolymphoma

Guillard O1, Fauconneau B, Pineau A, Marrauld A, Bellocq JP, Chenard MP.
CHU Poitiers, Department of Biochemistry, Poitiers, France

"Aluminium hydroxide is used as an effective adjuvant in a wide range of vaccines for enhancing immune response to the antigen. The pathogenic role of aluminium hydroxide is now recognized by the presence of chronic fatigue syndrome, macrophagic myofasciitis and subcutaneous pseudolymphoma, linked to intramuscular injection of aliminum hydroxide containing vaccine."

http://www.ncbi.nlm.nih.gov/pubmed/22425036

From the Journal Medical Hypotheses • 2009

A role for the body burden of aluminium in vaccine-associated macrophagic myofasciitis and chronic fatigue syndrome

Exley C, Swarbrick L, Gherardi RK, Authier FJ.
Birchall Centre for Inorganic Chemistry and Materials Science
Keele University, Staffordshire ST5 5BG, UK

"This case has highlighted potential dangers associated with aluminium-containing adjuvants and we have elucidated a possible mechanism whereby vaccination involving aluminium-containing adjuvants could trigger the cascade of immunological events which are associated with autoimmune conditions including chronic fatigue syndrome and macrophagic myofasciitis."

http://www.ncbi.nlm.nih.gov/pubmed/19004564

From the Journal Inorganic Biochemistry • July 2015

Highly delayed systemic translocation of aluminum-based adjuvant in CD1 mice following intramuscular injections

Crépeaux G1, Eidi H2, David MO3, Curmi PA3, Tzavara E4,Giros B4, Exley C5, Shaw CA6, Gherardi RK7 and Cadusseau J8

1. INSERM U955 E10, Paris Est University, Créteil, France
2. INSERM U955 E10, Paris Est University, Créteil, France
3. INSERM U1204, Evry University, Evry, France
4. INSERM U1130, CNRS UMR 8246, UPMC UM CR18, Paris, France
5. Birchall Centre, Keele University, Staffordshire, UK
6. Department of Ophthalmology, University of British Columbia, Vancouver, BC, Canada
7. INSERM U955 E10, Paris Est University, Créteil, France
8. INSERM Paris Est University, Faculté des Sciences & Technologie, Créteil, France
Electronic address: guillemette.crepeaux@gmail.com

"... an additional experiment was done, and showed early brain translocation at day 45 of alum injected subcutaneously at 200µgAl/kg. This study confirms the striking biopersistence of alum. It points out an unexpectedly delayed diffusion of the adjuvant in lymph nodes and spleen"

http://www.ncbi.nlm.nih.gov/pubmed/26384437

From the Journal Pharmacological Research • August 2015

Vaccines, Adjuvants And Autoimmunity

Guimarães LE1, Baker B1, Perricone C2, Shoenfeld Y3.

1. The Zabludowicz Center for Autoimmune Diseases
Chaim Sheba Medical Center, Tel-Hashomer, Israel.
2. Reumatologia, Dipartimento di Medicina Interna
e Specialità Mediche, Sapienza Università di Roma, Italy
3. The Zabludowicz Center for Autoimmune Diseases, Tel-Hashomer, Israel;
Incumbent of the Laura Schwarz-kipp chair for research of autoimmune diseases,
Sackler Faculty of Medicine, Tel-Aviv University, Israel

"In this review of the literature, there is evidence of vaccine-induced autoimmunity and adjuvant-induced autoimmunity in both experimental models as well as human patients ... leading to the autoimmune/inflammatory syndrome induced by adjuvants (ASIA syndrome)."

http://www.ncbi.nlm.nih.gov/pubmed/26275795

From the Journal Lupus • February 2012

Macrophagic Myofasciitis: Characterization And Pathophysiology

Gherardi RK, Authier FJ.
AP-HP, Hôpital H. Mondor, France

"Animal experiments indicate that biopersistent nanomaterials taken up by monocyte-lineage cells in tissues, such as fluorescent alum surrogates, can first translocate to draining lymph nodes, and thereafter circulate in blood within phagocytes and reach the spleen, and, eventually, slowly accumulate in the brain."

http://www.ncbi.nlm.nih.gov/pubmed/22235051

From the Journal Child Neurology • June 2008

Macrophagic myofasciitis in children is a localized reaction to vaccination

Lach B, Cupler EJ.
Department of Pathology and Laboratory Medicine
King Faisal Specialist Hospital and Research Center
Riyadh, Saudi Arabia boleklach2@hotmail.com

"We believe that macrophagic myofasciitis represents a localized histological hallmark of previous immunization with the aluminum hydroxide adjuvants contained in vaccines, rather than a primary or distinct inflammatory muscle disease"

http://www.ncbi.nlm.nih.gov/pubmed/18281624

From the Journal Brain • September 2001

Macrophagic myofasciitis lesions assess long-term persistence of vaccine-derived aluminium hydroxide in muscle

Gherardi RK, Coquet M, Cherin P, Belec L, Moretto P, Dreyfus PA, Pellissier JF,
Chariot P, Authier FJ. Equipe mixte INSERM E 0011/Université Paris XII, France

"Inclusions were constantly detected and corresponded to aluminium hydroxide, an immunostimulatory compound frequently used as a vaccine adjuvant. Serological tests were compatible with exposure to aluminium hydroxide-containing vaccines."

http://www.ncbi.nlm.nih.gov/pubmed/11522584

From the Journal Alzheimers Disease • November 2005

Synergistic effects of iron and aluminum on stress-related gene expression in primary human neural cells

Alexandrov PN1, Zhao Y, Pogue AI, Tarr MA, Kruck TP, Percy ME, Cui JG, Lukiw WJ.
Russian Academy of Medical Sciences, Moscow 113152 Russia

"These data indicate that physiologically relevant [the normal amounts one might expect to find] amounts of iron and aluminum are capable of inducing Fenton chemistry-triggered gene expression programs that may support downstream pathogenic responses and brain cell dysfunction"

http://www.ncbi.nlm.nih.gov/pubmed/16308480

From the Journal Environmental Health and Preventive Medicine • January 2011

Gene expression in primary cultured astrocytes affected by aluminum: alteration of chaperons involved in protein folding

Aremu DA, Ezomo OF, Meshitsuka S.
Division of Integrative Bioscience
Institute for Regenerative Medicine and Bio- function
Graduate School of Medical Science, Tottori University, Yonago,
Tottori, 683- 8503, Japan

"The results of this study demonstrate that aluminum may induce apoptosis in astrocytes via ER stress by impairing the protein-folding machinery"

http://www.ncbi.nlm.nih.gov/pubmed/21432213

From the Journal Vaccine • October 1995

Adjuvants for human vaccines current status, problems and future prospects

Gupta RK, Siber GR.
Massachusetts Public Health Biologic Laboratories
State Laboratory Institute, Boston 02130, USA

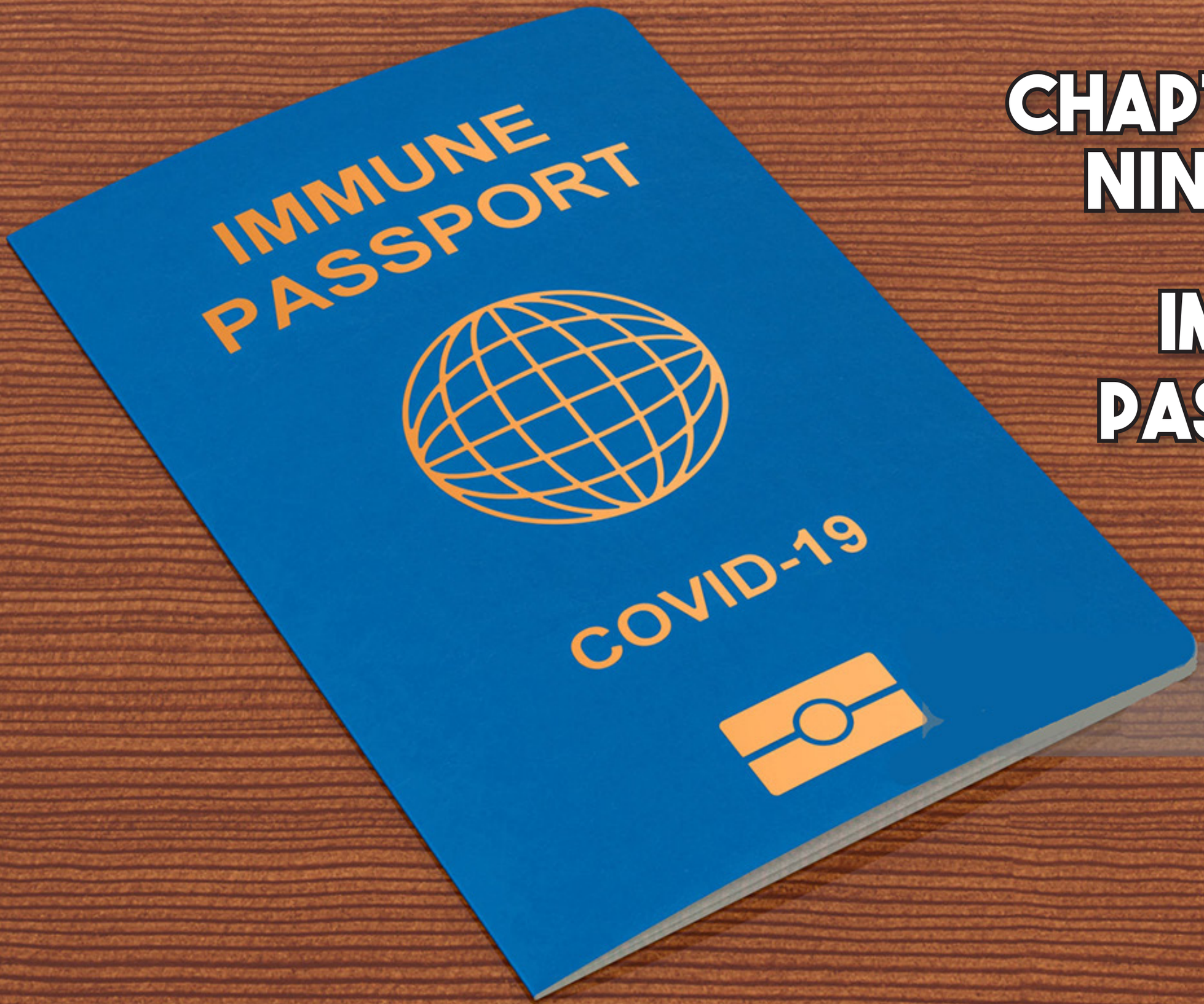
"A number of problems are encountered in the development and use of adjuvants for human vaccines. The biggest issue with the use of adjuvants for human vaccines, particularly routine childhood vaccines, is the toxicity and adverse side-effects of most of the adjuvant formulations."

http://www.ncbi.nlm.nih.gov/pubmed/8585280

In the peer reviewed report, 'Novel Pebbles In The Mosaic Of Autoimmunity' the authors write,

"An entirely new syndrome, the autoimmune/inflammatory syndrome induced by adjuvants (ASIA), has been recently described. This is the new wind blowing within the branches of autoimmunity ..."





CHAPTER NINE

IMMUNE PASSPORTS

9

COVI-PASS

Done

COVI-PASS

Digital Health Passport

Powered By VCode

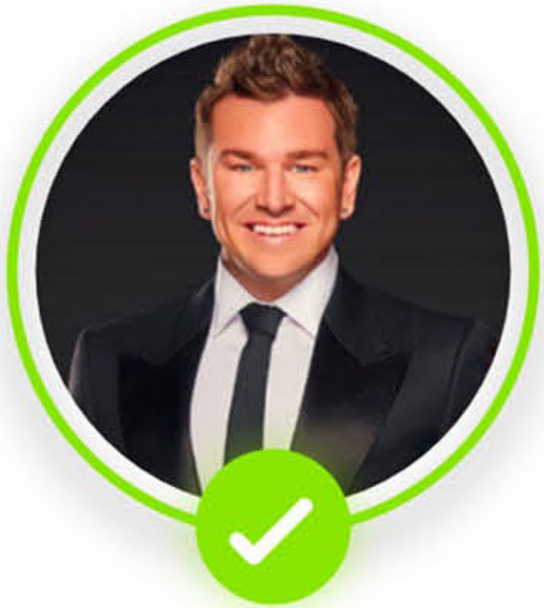
Current Status: Negative

STAY SAFE, KEEP YOUR DISTANCE, SCAN FROM 2M AWAY

16:44

V-Health

Done



Next Test Date:

07/05/2020

health

the peoples passport

9:41

YOTI

COVID-19 Test for Virus: 02 JUL 2020



Show QR code

Melissa Peterson

Test type:	Test for Virus
Test result:	COVID-19 virus NOT detected
Test date:	10:51 on 02 JUL 2020
Test name:	FRANKD COVID-19


COVID-19
IMMUNITY
PASSPORT
BOARDING CARD
FlyLynesJet
EUROPEAN UNION
UNITED KINGDOM OF
GREAT BRITAIN
AND NORTHERN IRELAND

Vaccine Schemes

Won't Keep You From Being Infected
Won't Prevent You From Infecting Others

There is a new, and particularly nefarious money-making scheme that is described below. It is based on the wide-spread – FALSE - assumption that the new, fast-tracked Covid-19 vaccines (or any vaccine, for that matter) are effective in both preventing 1) getting infected with the intended virus and also 2) becoming contagious after getting inoculated!! Neither outcome is true. All of the new vaccines are likely useless on both counts.

In fact, none of the Big Vaccine corporations that are making these potentially dangerous, synthetic genome-modifying vaccines have actually made the claim that their vaccines are effective in preventing infection or contagion, even after getting the required two inoculations – much less the initial shot!

The only claim these billionaire-owned pharmaceutical corporations (most of all of which are members of the World Economic Forum) make is that a certain percentage of vaccinated individuals are capable of developing some uncertain level of serological immunity (ie antibody production). But it is well-known that intramuscular injection of vaccines are incapable of stimulating cellular/mucosal immunity, which is the other, unmentioned by industry, but most important part of human immunity. Cellular immunity is only possible with sufficient exposure to a natural infectious agent via inhalation of a sizable number of viral- or bacterial-infected droplets.

It also must be emphasized that true "herd immunity" cannot be achieved by vaccinations. Herd immunity to infectious respiratory diseases can only be achieved by natural exposure to infectious bacterial or viral agents. Intramuscular vaccinations cannot produce both serological/antibody immunity and cellular/mucosal immunity. Claims by those corporate-controlled entities (such as the WHO, the CDC, the NIAID, the FDA, the AMA, the AAP, the World Economic Forum, Bill Gates, the Mayo Clinic [a WEF partner], etc) that claim that vaccine-achievable herd immunity can be achieved through vaccination campaigns - are liars, dupes or vaccinology-illiterate – or all three.)

Interestingly, the vaccine corporations or the government pharma-co-opted bureaucrats involved in pushing the BIG LIE about vaccine usefulness do not actually make any statements about whether or not these vaccines are capable of developing even partial immunity to any of the common coronavirus mutations that have been found (and then conveniently used as propaganda tools to keep the level of fear about Covid-19 at panic levels).

Shame on the Mayo Clinic for trusting the untrustworthy, profiteering establishment entities of Big Pharma, Big Medicine and Big Media, entities that are telling the Big Lie of "95% (ie, 'relative') effectiveness" rates for Pfizer's and Moderna's vaccines rather that scientifically looking at the only reliable measure of vaccine efficacy: the "actual" or "absolute" effectiveness rate, which is actually 0.8% for both Pfizer's and Moderna's vaccines, neither one of which has yet been proven to be safe or effective long-term.

Sadly, the once medical science-based Mayo Clinic has seemingly joined forces with the Big Pharma-co-opted entities that are connected to the World Economic Forum's virology-illiterate Bill Gates. The WEF-involvement of so many of America's profit-oriented medical trade associations, clinics or hospitals - has revealed its blindness and/or ignorance about vaccinology. These revelations, if true, should provoke serious concern about Mayo's ineptitude or its willingness to reject traditional medical ethical principles about fully informed consent or its commitment to the Hippocratic Oath.



The most significant vaccination effort in history

Summit News

> A coalition of big tech companies, including Microsoft is developing a COVID passport, with the expectation that a digital document linked to vaccination status will be required to travel and get access to basic services.
>
> The group is calling itself the Vaccination Credential Initiative and includes all the usual players,Microsoft, Salesforce, Oracle, and electronic health record companies Epic and Cerner are all getting behind a single standard for vaccine certification for all of us, without being asked.

The US health provider Mayo Clinic is also involved in the project, which is being described as "*the most significant vaccination effort in the history of the United States*."

The idea is now a familiar one. Anyone who has been vaccinated will receive a QR code that can be stored on their mobile phone in the wallet app. Those without phones will have access to a printed version. We have previously reported on the development of this so called 'CommonPass', which also has backing from the World Economic Forum, and now more details have emerged.

"*The goal of the Vaccination Credential Initiative is to empower individuals with digital access to their vaccination records,*" said Paul Meyer, CEO of non-profit The Commons Project, also involved in the project. Tech giants want to help you prove you've been vaccinated for COVID-19, via FastCompany:
https://t.co/tNNDzC3cux#vaccinecredential and #covidvaccinepic.twitter.com/q0Glsjuc06

The Commons Project • January 14th, 2021

Meyer said that the document will allow people "*to safely return to travel, work, school, and life, while protecting their data privacy.*"

Meyer said the coalition is working with several governments, and expects standards to be adopted that will see mandatory negative tests or proof of vaccination, in order to re-engage in society. "*Individuals are going to need to have to produce vaccination records for a lot of aspects of getting back to life as normal,*" he added. "*We live in a globally connected world. We used to anyway — and we hope to again.*"

The Financial Times reports that The Commons Project has received funding for the project from the Rockefeller Foundation, and that it is being implemented by all three major airline



alliances. The Rockefeller Foundation has previously touted its plans for a 'Covid-19 data and commons digital platform' as well as a desire to "*launch a Covid Community Healthcare Corps for testing and contact tracing.*"

"*Coordination of such a massive program should be treated as a wartime effort," the foundation states on its website, adding that there should be "a public/private bipartisan Pandemic Testing Board established to assist and serve as a bridge between local, state, and federal officials with the logistical, investment and political challenges this operation will inevitably face.*"

The group also wants to see a global standardisation of the so called vaccine passports, noting that "*The current vaccination record system does not readily support convenient access, control and sharing of verifiable vaccination records.*" The coalition of big tech firms is looking to "*customize all aspects of the vaccination management lifecycle and integrate closely with other coalition members' offerings, which will help us all get back to public life,*" said Bill Patterson, an executive vice president at Salesforce.

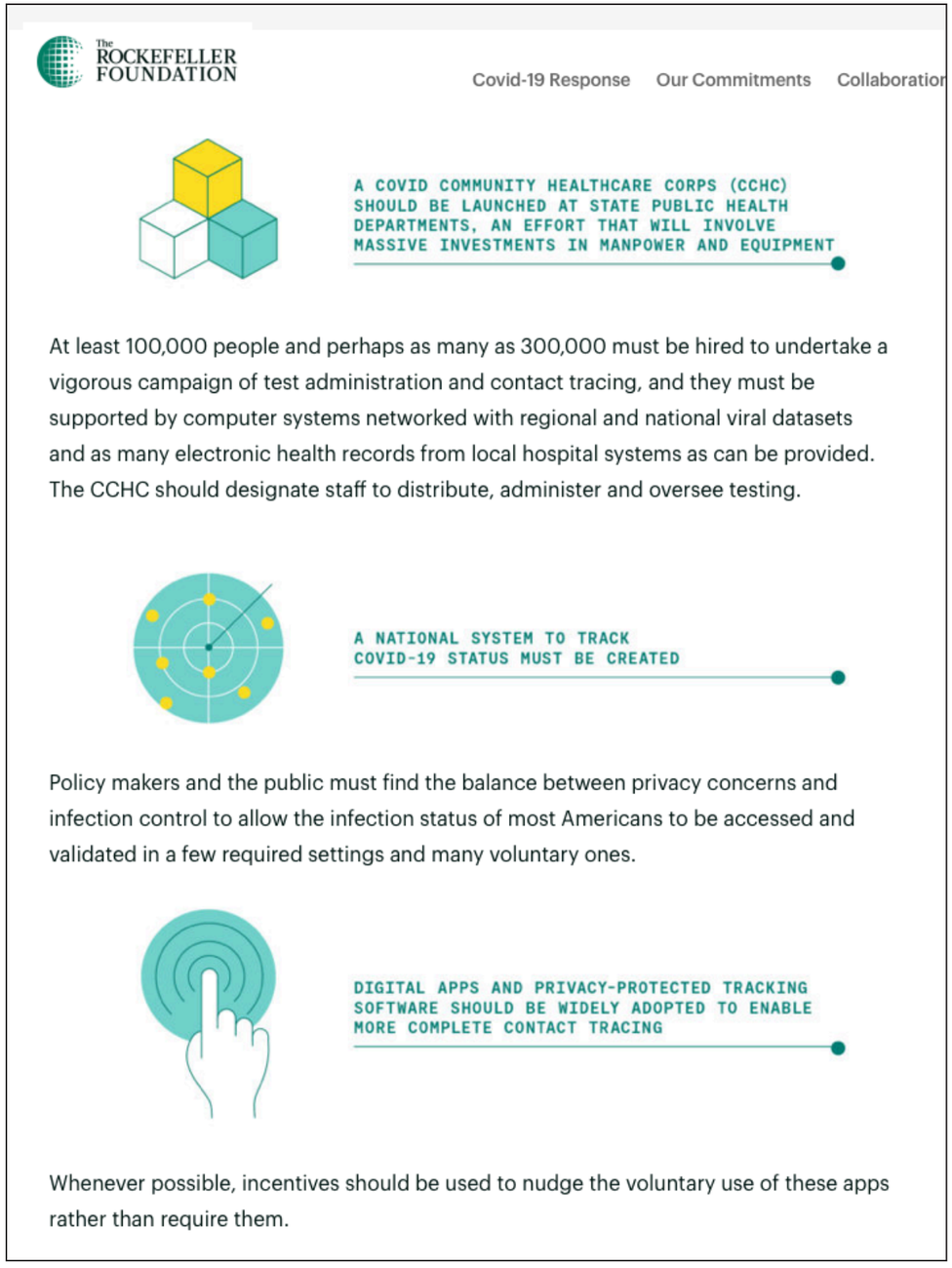
"*With a single platform to help deliver safe and continuous operations and deepen trust with customers and employees, this coalition will be crucial to support public health and wellbeing,*" Patterson claimed.

Mike Sicilia, executive vice president of Oracle's Global Business Units added that "*This process needs to be as easy online banking. We are committed to working collectively with the technology and medical communities, as well as global governments.*"

Ken Mayer, founder and CEO of Safe Health also stated that the VCI "*will enable application developers to create privacy-preserving health status verification solutions that can be seamlessly integrated into existing ticketing workflows.*"

Put more simply, it will "*help get concerts and sporting events going again,*" Mayer said. The context seems clear. Those without the COVID passport will not be allowed to travel or engage in social events. Hundreds of Tech companies are scrambling over themselves to develop COVID passport systems. The IATA, the world's largest air transport lobby group, expects its COVID travel pass app to be fully rolled out in the first months of 2021. A further 'COVID passport' app called the AOKpass from travel security firm International SOS is currently undergoing trials between Abu Dhabi and Pakistan.

We have exhaustively documented the privacy and rights concerns associated with the move toward adoption, and more importantly the global standardisation of so called COVID passports. UK based human rights group Privacy International has warned that if "immunity" passports are issued by some governments, it could signal a creep toward "digital identity schemes" and other mandatory ID schemes.



"*Once you have multiple uses (e.g. access to services) in multiple domains (i.e. public sector, private sector), in multiple countries (i.e. travel), then we are approaching a global identity document needed to live your life*," the group warned. Sweden based human rights group The International Institute for Democracy and Electoral Assistance (IDEA) warned recently that 61 per cent of countries have used COVID restrictions "*that were concerning from a democracy and human rights perspective.*"

Anna Beduschi, an academic from Exeter University, commented on the potential move toward vaccine passports by EU, noting that it "*poses essential questions for the protection of data privacy and human rights.*" Beduschi added that the vaccine passports may "*create a new distinction between individuals based on their health status, which can then be used to determine the degree of freedoms and rights they may enjoy.*"

The EU's own data protection chief Wojciech Wiewiórowski recently labeled the idea of an immunity passport "extreme" and has repeatedly said it is alarming, and 'disgusting'. A report compiled last year by AI research body the Ada Lovelace Institute said so called 'immunity' passports "*pose extremely high risks in terms of social cohesion, discrimination, exclusion and vulnerability.*"

Sam Grant, campaign manager at the civili liberties advocacy group Liberty has warned that "*any form of immunity passport risks creating a two-tier system in which some of us have access to freedoms and support while others are shut out. These systems could result in people who don't have immunity potentially being blocked from essential public services, work or housing – with the most marginalised among us hardest hit,*" Grant further warned.

"*This has wider implications too because any form of immunity passport could pave the way for a full ID system – an idea which has repeatedly been rejected as incompatible with building a rights-respecting society,*" Grant further urged. Gloria Guevara, CEO of the World Travel and Tourism Council (WTTC), has also slammed the passports as "discriminatory", saying "*We should never require the vaccination to get a job or to travel.*" Speaking at a Reuters event, the head of the WTTC also condemned airline Qantas for their previous assertion that unvaccinated people would not be allowed on their aircraft.

"*It will take a significant amount of time to vaccinate the global population, particularly those in less advanced countries, or in different age groups, therefore we should not discriminate against those who wish to travel but have not been vaccinated,*" Guevara noted. Nevertheless, the spectre of so called 'immunity passports' is looming globally. As noted above, Greek Prime Minister Kyriakos Mitsotakis has penned a letter to EU Commission chief Ursula von der Leyen, demanding that the Commission should 'standardise' a vaccine passport across all member countries, and that it should be required for people to travel throughout the area, further outlining that "*Persons who have been vaccinated should be free to travel.*"

The request is set to be debated in the coming days.

Vaccine passports have previously been touted by the EU, with officials suggesting back in April that visa applicants would also be required to be vaccinated.

EU countries including Spain, Estonia, Iceland, and Belgium have all indicated that they are open to some form of vaccine passports, as well as sharing the data across borders.

Denmark recently announced that it is rolling out a 'Covid passport', to allow those who have taken the vaccine to engage in society without any restrictions.

Poland has also announced plans to introduce vaccine passports, which will allow those who have taken the COVID shot greater freedoms than those who have not.

Having left the EU, Britain would not be part of any standardised European scheme, however it has now confirmed that it is rolling out vaccine passports, despite previous denials that it would do so.

Recently, the government in Ontario, Canada admitted that it is exploring 'immunity passports' in conjunction with restrictions on travel and access to social venues for the unvaccinated. Last month, Israel announced that citizens who get the COVID-19 vaccine will be given 'green passports' that will enable them to attend venues and eat at restaurants. A litany of other government and travel industry figures in both the US, Britain and beyond have suggested that 'COVID passports' are coming in order for 'life to get back to normal'. In addition, hotels have also indicated they will do the same. Insurers have also indicated that they will fall in line with any standardisation of vaccination passports, and may demand to see proof of vaccination before covering those wishing to go on holiday. The international Travel and Health Insurance Journal reported that "If the EU obliges travellers to vaccinate, travel insurance providers may refuse to cover those who decline to have the vaccination." EU news website Schengenvisainfo also reported on the likely move by insurers, pointing out that anti-vaxxers will likely be specifically targeted by the mandates.

"*Even if anti-vax travellers find a loophole in the requirement and manage to enter any of the Member States, travel insurance providers may refuse to cover them*," the report states. It continues, "*With the high volume of fake news and conspiracy theories that have been going on for months now on the pandemic and vaccination, the real challenge for the EU will not be to purchase the necessary vaccine doses, but rather to convince people to be vaccinated.*"

The report adds that "*Conspiracy theorists, in Europe and further in the world, have targeted Microsoft founder Bill Gates, who is known as a supporter of vaccination, claiming he is responsible for the Coronavirus pandemic.*" While surveys have indicated that around half the people in the world are not willing to take the vaccine at this stage. However, a recent poll has indicated that 74% of Americans say they are willing to get a COVID vaccination passport, should they be introduced in the U.S.

CHAPTER TEN

THE END GAME

THE BIG

SWINDLE



THE CORPORATE, BANKING, CONGRESSIONAL MILITARY INDUSTRIAL COMPLEX, DECADES OF GOLD MARKET MANIPULATION, ILLEGAL WEALTH DIVERSION THROUGH HUD AND OTHER GOVERNMENT ORGANIZATIONS AND THE 21 TRILLION DOLLAR THEFT OF AMERICAS HERITAGE AND OUR HUMAN RIGHT TO PROSPERITY



Catherine Austin Fitts (born 24 December 1950) is an American investment banker and former public official who served as managing director of Dillon, Read & Co. and as United States Assistant Secretary of Housing and Urban Development for Housing during the Presidency of George H.W. Bush. She has widely written and commented on the subject of public spending and has alleged several large scale instances of government fraud. In a 2004 study published in World Affairs: The Journal of International Issues, she purported to find "evidence that a very large proportion of the nation's wealth is being illegally diverted since several decades into secret, unaccountable channels and programmes with unspecified purposes, including covert operations and subversions abroad and clandestine military R&D at home. Public institutions have been infiltrated and taken over by shadowy groups in the service of powerful private and vested interests, often at the expense of the common good."

On The COVID Scam, Illegal Wealth Diversion Gold Market Manipulation & the $21 Trillion Robbery

Published January 1, 2021
By Jeff Prager

Does anyone read Catherine Austin Fitts (CAF)? She generally provides financial perspective based on decades of experience in the world of global and national finance but the essay below is really quite different than anything she's written before. It's about COVID and vaccines. For those of you that don't know what her accomplishments are, the crimes she's revealed and the government positions she's held, first a little about Catherine Austin Fitts.

Catherine Austin Fitts was born in 1950 and is an American investment banker and former public official who served as managing director of Dillon, Read & Co. and also as United States Assistant Secretary of Housing and Urban Development for Housing during the Presidency of George H.W. Bush. In the Bush administration she was billed as the "cleaning lady of HUD", charged with repairing its reputation in the aftermath of the savings and loan crisis.

In a 2004 study she wrote and published in World Affairs: The Journal of International Issues, she purported to find "evidence that a very large proportion of the nation's wealth is being illegally diverted since several decades into secret, unaccountable channels and programmes with unspecified purposes, including covert operations and subversions abroad and clandestine military R&D at home. Public institutions have been infiltrated and taken over by shadowy groups in the service of powerful private and vested interests, often at the expense of the common good."

In 2017 Fitts co-authored a report, with Michigan State University economist Mark Skidmore, that claimed to find $21 trillion in unauthorized spending by the U.S. Department of Defense and U.S. Department of Housing and Urban Development over a 17 year period. Four days following the report's release, the Department of Defense announced it would undertake the first independent financial audit in its history. The report was subsequently cited by United States Representative Alexandria Ocasio-Cortez as evidence of government funding that could be redirected to healthcare programs.

Fitts has claimed that HUD's mission of spurring economic growth is secondary to what she contends is its use as a fundraising mechanism for military and intelligence agencies involving a complex securities scheme using HUD-backed Ginnie Mae investments. According to Fitts, HUD overpays to rehabilitate public housing and funnels the difference into unaudited black budget programs at the behest of national security agencies. I recommend reading an essay by Catherine Fitts if you'd like to get to know her better. It's titled, "America's Black Budget & Manipulation Of Markets" and it was written in 2004:
https://www.scoop.co.nz/stories/HL0405/S00268.htm

Catherine Austin Fitts on COVID and Vaccines

Published January 1st, 2021

The Injection Fraud – It's Not a Vaccine
By Catherine Austin Fitts

I am not a scientist. I am not a doctor. I am not a biotech engineer. I am not an attorney. However, I read, listen, appreciate and try to understand those who are.

I was an investment banker until politics made it impossible to continue to practice my art. I was trained as a portfolio strategist—so I map my world by watching the financial flows and allocation of resources. I was also trained as a conspiracy generator and foot soldier—conspiracies being the fundamental organizing principle of how things get done in our world. It was not until I left the establishment that I learned that those not in the club had been trained to disparage and avoid conspiracies—a clever trick that sabotages their efforts to gather power. My response to living at war with agencies of the U.S. government for a time was to answer the questions of people who were sufficiently courageous and curious to solicit my opinion. Over many years, that response transformed into two businesses. One was The Solari Report, which continues to grow as a global intelligence network – we seek to help each other understand what is happening, to navigate and contribute to positive outcomes. The other was serving as an investment advisor to individuals and families through Solari Investment Advisory Services. After ten years, I converted that business to doing an ESG screen. What those who use it want—that is not otherwise readily available in the retail market—is a screen that reflects knowledge of financial and political corruption. Tracking the metastasizing corruption, it's an art, not a science.

When you help a family with their finances, it is imperative to understand all their risk issues. Their financial success depends on successful mitigation of all risk – whether financial or non-financial – they encounter in their daily lives. All non-financial risks impact the allocation of family resources – attention, time, assets and money.

Many of my clients and their children had been devastated and drained by health care failures and corruption–and the most common catalyst for this devastation was vaccine death and injury. After their lengthy and horrendous experiences with the health care establishment, they would invariably ask, "If the corruption is this bad in medicine, food and health, what is going on in the financial world?" Chilled by the thought, they would search out a financial professional who was schooled in U.S. government and financial corruption. And they would find me.

The result of this flow of bright, educated people blessed with the resources to pay for my time

was that, for ten years, I got quite an education about the disabilities and death inflicted on our children by what I now call "the great poisoning." As a result, I had the opportunity to repeatedly price out the human damage to all concerned–not just the affected children but their parents, siblings and future generations—mapping the financial costs of vaccine injury again and again and again.

These cases were not as unusual as you might expect. Currently 54% of American children have one or more chronic diseases. Doctors that I trust assure me the number is much higher as many children and their families can not afford the care and testing necessary to properly diagnose what ails them.

The People's Truth—estimated that a heavily autistic child would cost present value $5MM to raise and care for over a lifetime. When my clients who were grandparents insisted that they would not interfere with their children's vaccine choices because it was "none of their business," I would say, "Really? Who has the $5MM? You or your kids? When your kids need the $5MM to raise their vaccine-injured child, are you going to refuse them? You are the banker, and it is your money that is at risk here, so it is your business. Do you want to spend that $5MM on growing a strong family through the generations or on managing a disabled child who did not have to be disabled?" Often, that $5MM in expenditures also translates into divorce, depression and lost opportunities for siblings.

My clients helped me find the best resources—books, documentaries, articles—on vaccines. You will find many of them linked or reviewed at The Solari Report, including in our Library.
Of all the questions that I had, the one that I spent the most time researching and thinking about was why. Why was the medical establishment intentionally poisoning generations of children? Many of the writers who researched and wrote about vaccine injury and death assumed it was a mistake—resulting from the orthodoxy of a medical establishment that could not face or deal with its mistakes and liabilities. That never made sense to me. Writings by Forrest Maready, Jon Rappoport, Dr. Suzanne Humphries and Arthur Firstenberg have helped me understand the role of vaccines in the con man trick of saving money for insurance companies and the legally liable.

Here is one example of how the trick may play out. A toxin creates a disease. The toxin might be pesticides or industrial pollution or wireless technology radiation. The toxin damages millions of people and their communities. Companies or their insurance provider may be liable for civil or criminal violations. A virus is blamed. A "cure" is found in a "vaccine." The pesticide or other toxic exposure is halted just as the vaccine is introduced, and presto, the sickness goes away. The vaccine is declared a success, and the inventor is declared a hero. A potential financial catastrophe has been converted to a profit, including for investors and pension funds. As a portfolio strategist, I admit it has been a brilliant trick and likely has protected the insurance industry from the bankrupting losses it would experience if it had to fairly compensate the people and families destroyed.

Thanks to the work of Robert Kennedy and Mary Holland of Childrens Health Defense, I now understand the enormous profits generated by so-called "vaccines" subsequent to the passage of The National Childhood Vaccine Injury Act of 1986 and the creation of the National Vaccine Injury Compensation Program – a federal no-fault mechanism for compensating vaccine-related injuries or death by establishing a claim procedure involving the United States Court of Federal Claims and special masters.

Call a drug or biotech cocktail a "vaccine" and pharmecutical and biotech companies are free from any liabilities – the taxpayer pays. Unfortunately, this system has become an open invitation to make billions from "injectibles" particularly where government regulations and laws can be used to create a market through mandates. Unfortunately, various schemes have developed for government agencies and legislators as well as corporate media to participate in the billions of profits – resulting in significant conflicts of interest.

The Public Readiness and Emergency Preparedness Act became law in 2005, adding to corporate freedoms from liability.

The Act

"is a controversial tort liability shield intended to protect vaccine manufacturers from financial risk in the event of a declared public health emergency. The act specifically affords to drug makers immunity from potential financial liability for clinical trials of avian influenza vaccine at the discretion of the Executive branch of government. PREPA strengthens and consolidates the oversight of litigation against pharmaceutical companies under the purview of the secretary of Health and Human Services (~ Wikipedia.)"

Over time, this has evolved to the engineering of epidemics—the medical version of false flags. In theory, these can be "psyops" or events engineered with chemical warfare, biowarfare, or wireless technology. If this sounds bizarre, dive into all the writings of the "Targeted Individuals."

I learned about this first-hand when I was litigating with the Department of Justice and was experiencing significant physical harassment. I tried to hire several security firms; they would check my references and then decline the work, saying it was too dangerous. The last one took pity and warned me not to worry about electronic weaponry, letting me know that my main problem would be low-grade biowarfare. This biowarfare expert predicted that the opposing team would drill holes in the wall of my house and inject the "invisible enemy." Sure enough, that is exactly what happened. I sold my house and left town. That journey began a long process of learning how poisoning and nonlethal weapons are used—whether to move people out of rent-controlled apartments, sicken the elderly to move them to more expensive government subsidized housing, gangstalk political or business targets, or weaken or kill litigants—and the list goes on. Poisoning turned out to be a much more common tactic in the game of political and economic warfare in America than I had previously understood.

After I finished my litigation, I spent several years detoxing from heavy metal toxicity – including of lead, arsenic, and aluminum. As I drove around America, I realized it was not just me. Americans increasingly looked like a people struggling with high loads of heavy metals toxicity. In the process of significantly decreasing my unusually high levels of heavy metals, I learned what a difference the toxic load had made to my outlook, my energy, and my ability to handle complex information.

This brings me to the question of what exactly a vaccine is and what exactly is in the concoctions being injected into people today as well as the witches brews currently under development.

In 2017, Italian researchers reviewed the ingredients of 44 types of so-called "vaccines." They discovered heavy metal debris and biological contamination in every human vaccine they tested. The researchers stated,

"The quantity of foreign bodies detected and, in some cases, their unusual chemical compositions baffled us." They then drew the obvious conclusion, namely, that because the micro- and nanocontaminants were "neither biocompatible nor biodegradable," they were "biopersistent" and could cause inflammatory effects right away—or later (see this: New Quality-Control Investigations on Vaccines: Micro- and Nanocontamination:
http://medcraveonline.com/IJVV/IJVV-04-00072.pdf)

Aborted fetal tissue, animal tissue, aluminum, mercury, genetically altered materials—and what else?

Whatever the ingredients of vaccines have been to date, nothing is more bizarre than the proposals of what might be included in them in the future.

Strategies—already well-funded and well on the way—include brain-machine interface nanotechnology, digital identity tracking devices, and technology with an expiration date that can be managed and turned off remotely. One report indicated that the Danish government and US Navy had been paying one tech company in Denmark to make an injectible chip that would be compatible with one of the leading cryptocurrencies.

I was recently reading Mary Holland's excellent 2012 review of U.S. vaccine court decisions ("Compulsory vaccination, the Constitution, and the hepatitis B mandate for infants and young children," Yale Journal of Health Policy, Law, and Ethics) and I froze and thought, "Why are we calling the injectibles that Bill Gates and his colleagues are promoting 'vaccines'? Are they really vaccines?"

Most people are familiar with how Bill Gates made and kept his fortune. He acquired an operating system that was loaded into your computer. It was widely rumored that the U.S. intelligence agencies had a back door. The simultaneous and sudden explosion of computer viruses then made it necessary to regularly update your operating system, allowing Gates and his associates to regularly add whatever they wanted into your software. One of my more knowledgeable software developers once said to me in the 1990s—when Microsoft really took off—"Microsoft makes really sh***y software." But of course, the software was not really their business. Their business was accessing and aggregating all of your data. Surveillance capitalism was underway.

The Department of Justice launched an antitrust case against Microsoft in 1998, just as the $21 trillion started to disappear from the U.S. government—no doubt with the help of specially designed software and IT systems. During the settlement negotiations that permitted Gates to keep his fortune, he started the Gates Foundation and his new philanthropy career. I laughed the other day when my tweet of one of Robert Kennedy Jr.'s articles from Children's Health Defense—describing the gruesome technology Gates is hoping to roll out through "injectibles" –inspired a response: "Well, I guess he is finally fulfilling his side of his antitrust settlement."

If you look at what is being created and proposed in the way of injectibles, it looks to me like these technological developments are organized around several potential goals.

The first and most important goal is the replacement of the existing U.S. dollar currency system used by the general population with a digital transaction system that can be combined with digital identification and tracking. The goal is to end currencies as we know them and replace them with an embedded credit card system that can be integrated with various forms of control, potentially including mind control.

"De-dollarization" is threating the dollar global reserve system. The M1 and M2 money supply have increased in the double digits over the last year as a result of a new round of quantitative easing by the Fed.

The reason we have not entered into hyper-inflation is because of the dramatic drop in money velocity occasioned by converting Covid-19 into an engineered shut down of significant economic activity and the banruptcy of millions of small and medium sized businesses. The managers of the dollar system are under urgent pressure to use new technology to centralize economic flows and preserve their control of the financial system.

Just as Gates installed an operating system in our computers, now the vision is to install an operating system in our bodies and use "viruses" to mandate an initial installation followed by regular updates. Now I appreciate why Gates and his colleagues want to call these technologies "vaccines." If they can persuade the body politic that injectible credit cards or injectible surveillance trackers or injectable brain-macine interface nanotechnologies are "vaccines," then they can enjoy the protection of a century or more of legal decisions and laws that support their efforts to mandate what they want to do.

As well, they can insist that U.S. taxpayers fund—through the National Vaccine Injury Compensation Program–the damages for which they would otherwise be liable as a result of their experiments – and violations of the Nuremberg Code and numerous civil and criminal laws – on the general population. The scheme is quite clever. Get the general population to go along with defining their new injectible high-tech concoctions as "vaccines" and they can slip them right into the vaccine pipeline. No need to worry about the disease and death that results from something this unnatural delivered quickly. The notion of an emergency along with contact tracing and freedom from liability can protect you from the millions of likely deaths from such human experimentation. Ideally, you can blame the deaths on a virus.

A colleague once told me how Websters Dictionary came about. Webster said that the way the evildoers would change the Constitution was not by amending it but by changing the definitions—a legal sneak attack.

I believe that Gates and the pharma and biotech industries are literally reaching to create a global control grid by installing digital interface components and hooking us up to Microsoft's new $10 billion JEDI cloud at the Department of Defense as well as Amazon's multi-billion cloud contract for the CIA that is shared with all US intelligence agencies.

Why do you think President Trump has the military organizing to stockpile syringes for vaccines? It is likely because the military is installing the roaming operating system for integration into their cloud. Remember—the winner in the AI superpower race is the AI system with access to the most data. Accessing your body and my body on a 24/7 basis generates a lot of data. If the Chinese do it, the Americans will want to do it too. The role out of human "operating systems" may be one of the reasons why the competition of Huawei and 5G telecommunications has become so fractious. As Frank Clegg, former President of Microsoft Canada has warned us, 5G was developed by the Israelis for crowd control.

In the face of global "de-dollarization," this is how the dollar syndicate can assert the central control it needs to maintain and extend its global reserve currency financial power. This includes protecting its leadership from the civil and criminal liabiility related to explosive levels of financial and health care fraud in recent decades.

Which brings me back to you and me. Why are we calling these formulations "vaccines"?

If I understand the history of case law, vaccines, in legal terms, are medicine. Intentional heavy metal poisoning is not medicine. Injectible surveillance components are not medicine. Injectible credit cards are not medicine. Injectible brain-machine interface is not a medicine. Immunity for insurance companies is not the creation of human immunity.

We need to stop allowing these concoctions to be referred to by a word that the courts and the general population define and treat as medicine and protect from legal and financial liability. The perpetrators of this fraud are trying a very neat trick–one that will help them go much faster and cancel out a lot of risk at our death, disease and expense. I understand why they are doing it.

What I don't understand is why we are helping them. Why are we acquiescing in calling these bizarre and deeply dangerous concoctions "vaccines"? Whatever they are, they are not medicine.

So, what shall our naming convention be? What name shall we give to the relevant poisons, neurological damaging metals and digital shackles?

Whatever we call them, I know one thing.

THEY ARE NOT MEDICINE, WHICH MEANS THEY SURE ARE NOT VACCINES.



CHAPTER ELEVEN

GEORGE ORWELL AND SOME FUTURE EXPECTATIONS

George Orwell on How Political Language Deceives and Corrupts, and What We Can Do About It

"If thought corrupts language, language can also corrupt thought."

Language, spoken or written, can be used for a wide array of purposes. It can be used to rally the troops, to spark a revolution, to righteously insult an asshole, to evoke laughter, or, most egregious of all, to deceive the masses.

George Orwell, in his classic essay Politics and the English Language, explores the different ways in which language can be mangled and manipulated to serve any end.

Excessive verbosity, for example, or the use of what he calls "dying metaphors,""pretentious diction," and "meaningless words" are all tactics used to hide the real purpose behind a message. Words like phenomenon, element, individual (as noun), objective, categorical, effective, virtual, basic, primary, promote, constitute, exhibit, exploit, utilize, eliminate, liquidate, are used to dress up simple statements and give an air of scientific impartiality to biased judgments.

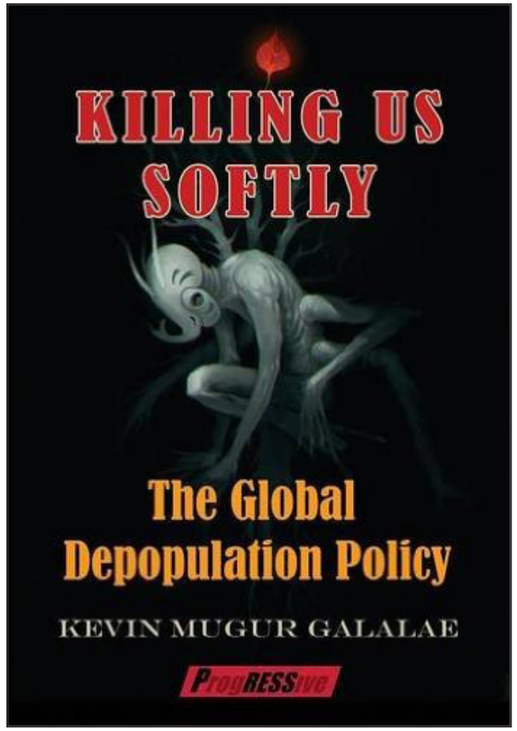
"This is certainly the case," for example, is a phrase which can be used by politicians to comfort their citizens, but in reality, those making this kind of statement are far from certain about anything. The media often manipulates language to make us fear something that is not a true threat, or to make us ignore something that is. We are attracted to the eloquent and the loud without paying attention to the meaning which lurks behind their words.

Politicians with their backs against the wall can save themselves with a few patriotic-sounding phrases and fiery speeches, even if their words are vacuous. It's all for show.

When one watches some tired hack on the platform mechanically repeating familiar phrases—bestial atrocities, iron heel, blood-stained tyranny, free peoples of the world, stand shoulder to shoulder—one often has a curious feeling that one is not watching a live human being but some kind of dummy: a feeling which suddenly becomes stronger at moments when the light catches the speaker's spectacles and turns them into blank discs which seem to have no eyes behind them.

ON THE PURPOSE OF POLITICAL LANGUAGE

Political language—and with variations this is true of all political parties, from Conservatives to Anarchists—is designed to make lies sound truthful and murder respectable, and to give an appearance of solidity to pure wind. Orwell's view was that political language had to become detached from ordinary English because if it didn't, its stupidity and malevolence would become painfully obvious. Defenceless villages are bombarded from the air, the inhabitants driven out into the countryside, the cattle machine-gunned, the huts set on fire with incendiary bullets: this is called pacification.



Millions of peasants are robbed of their farms and set trudging along the roads with no more than they can carry: this is called transfer of population or rectification of frontiers.

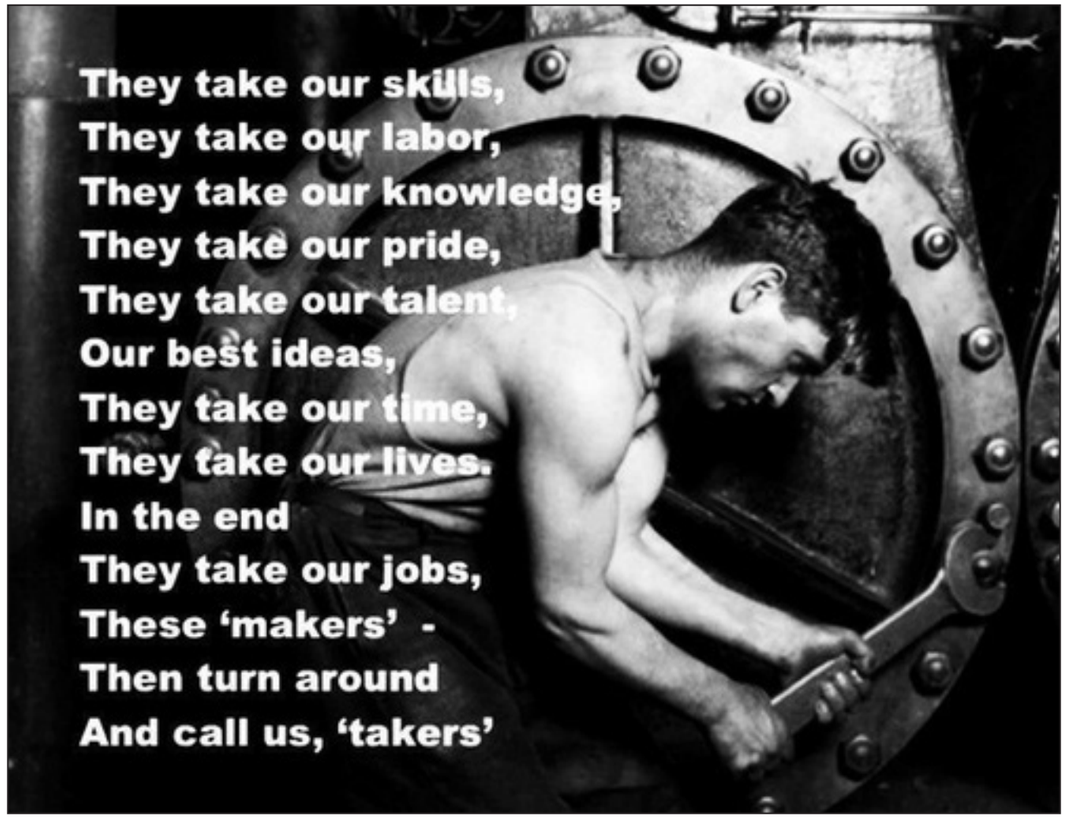
People are imprisoned for years without trial, or shot in the back of the neck or sent to die of scurvy in Arctic lumber camps: this is called elimination of unreliable elements. Such phraseology is needed if one wants to name things without calling up mental pictures of them.

Language turns to abstractions rather than simple, vivid images of what the speaker is really saying when he or she is trying to deceive others.

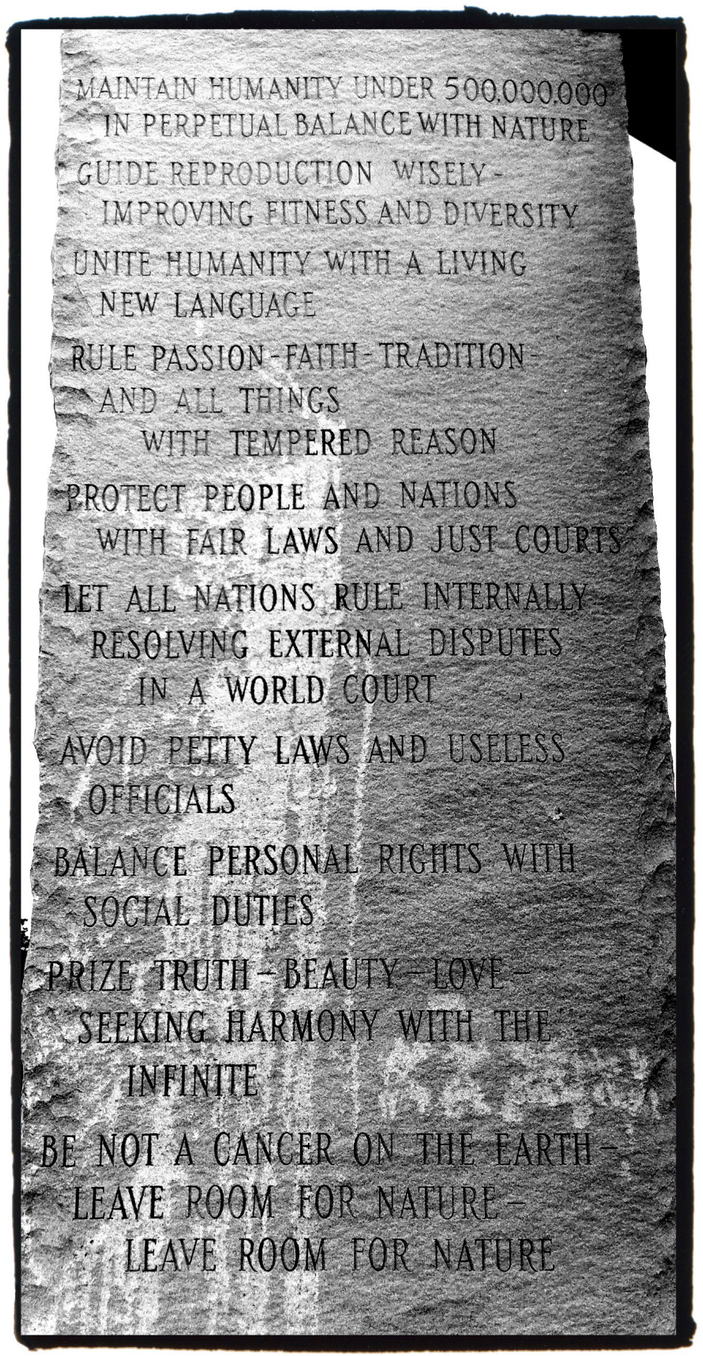
This reminds me of Aldous Huxley's point that, "*The propagandist's purpose is to make one set of people forget that certain other sets of people are human.*"

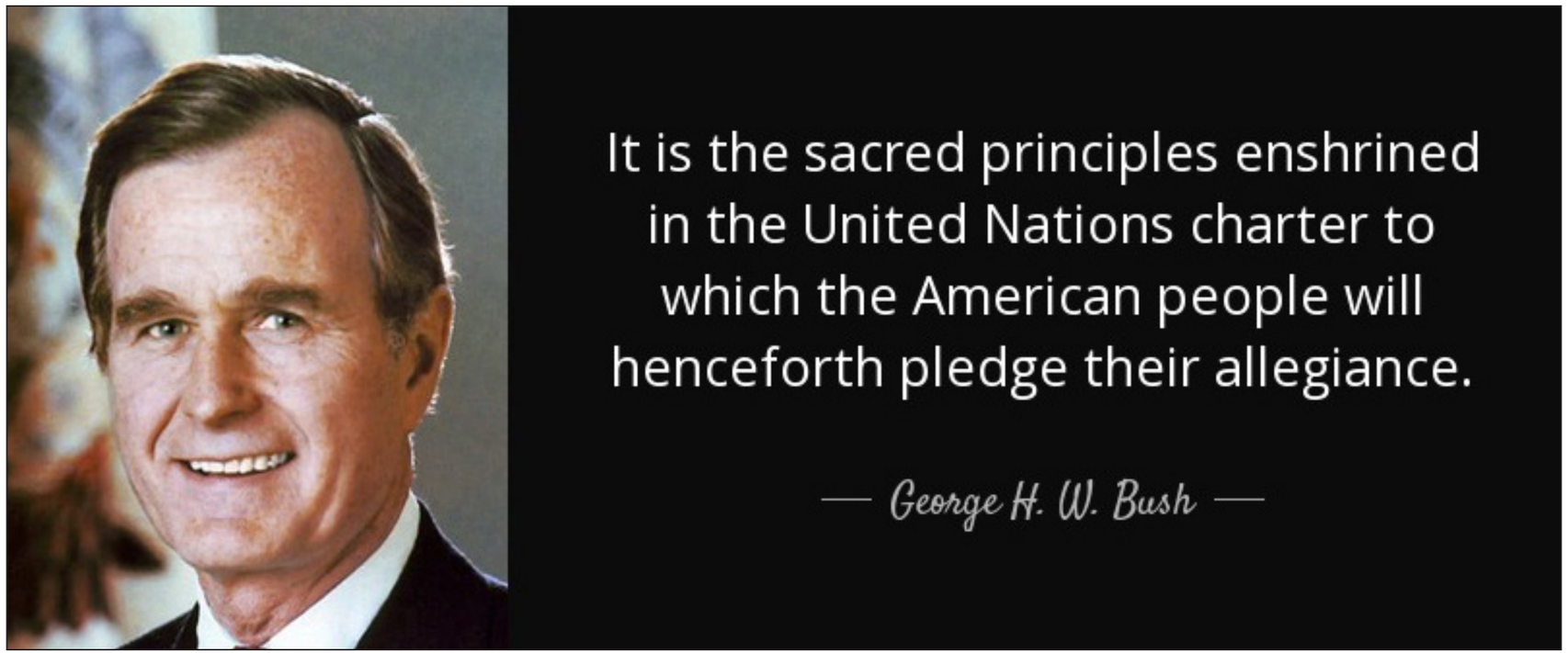

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They take our skills,
They take our labor,
They take our knowledge,
They take our pride,
They take our talent,
Our best ideas,
They take our time,
They take our lives.
In the end
They take our jobs,
These 'makers' -
Then turn around
And call us, 'takers'


CONNECTED LAW ENFORCEMENT OFFICER
MOTOROLA SOLUTIONS
POLICE
INTEGRATED DISPLAY GLASSES
Visual display of critical status alerts
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BIOMONITORING
Monitor officers' health and vitals
ENVIRONMENTAL SENSOR
Detection of hazardous materials
LEX 700
Public safety LTE broadband communication & mission-critical applications
APX 7000
Interoperability, collaboration and always-on communication
GUN HOLSTER SENSOR
Gun unlock alert


MAINTAIN HUMANITY UNDER 500,000,000
IN PERPETUAL BALANCE WITH NATURE
GUIDE REPRODUCTION WISELY -
IMPROVING FITNESS AND DIVERSITY
UNITE HUMANITY WITH A LIVING
NEW LANGUAGE
RULE PASSION - FAITH - TRADITION -
AND ALL THINGS
WITH TEMPERED REASON
PROTECT PEOPLE AND NATIONS
WITH FAIR LAWS AND JUST COURTS
LET ALL NATIONS RULE INTERNALLY
RESOLVING EXTERNAL DISPUTES
IN A WORLD COURT
AVOID PETTY LAWS AND USELESS
OFFICIALS
BALANCE PERSONAL RIGHTS WITH
SOCIAL DUTIES
PRIZE TRUTH - BEAUTY - LOVE -
SEEKING HARMONY WITH THE
INFINITE
BE NOT A CANCER ON THE EARTH -
LEAVE ROOM FOR NATURE -
LEAVE ROOM FOR NATURE


It is the sacred principles enshrined in the United Nations charter to which the American people will henceforth pledge their allegiance.
— George H. W. Bush —


WAR IS WHEN YOUR
GOVERNMENT TELLS YOU WHO
THE ENEMY IS.
A REVOLUTION IS WHEN YOU
FIGURE IT OUT YOURSELF.
wake up world

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The End